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THERAPEUTIC TOUCH:

**The use of photo-based
methodology as a healing practice
within the context of healthcare**

IKUKO TSUCHIYA

MPhil

2010

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This thesis submitted in partial
fulfillment of the requirements of the
University of Northumbria at Newcastle
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Abstract

This thesis describes the relationship between photography and healthcare in order to examine the model of practice generated by the concept of Photo Therapy, an approach developed by the celebrated British artist-photographer Jo Spence (1934-1992) who saw previously unexplored therapeutic dimensions to the act of taking photographic self-portraits (Spence, 1986). Spence sought visual ways of exploring her experiences as she negotiated treatments for her cancer. My aim has been to use this legacy to understand how an artist-photographer can be a kind of healer. My research, based on my own practices (which are very different from those of Spence) working as an artist-photographer on projects with the Camphill Village Trust and Northumbria Healthcare NHS Foundation Trust, has attempted to embrace the full range of social activities created by Photo Therapy: from the process of negotiating a shot; to hand printing the resulting photograph, to the discussions created by viewing photographs with patients, relatives and healthcare staff; to the remote reception of Photo Therapy images by exhibition-going audiences and readers of photographic publications.

The context of my research project is the emergent character of Photo Therapy in Japan. My ambition has been to transfer the knowledge developed in the UK to my home country which still has some way to go before it can claim to possess a distinct arts and healthcare sector (Seki, Inoue and Miwaki, 2002). To achieve this goal I have adopted the terminology and methods of Transactional Analysis (TA), a form of psychotherapy that treats all social transactions as derivatives of a parent's physical contact with its child, e.g. the healing 'stroke' of a mother's hand (Berne, 1961). This form of therapy is familiar to many Japanese and, having applied TA concepts such as Ego States and Stroke Exchanges to my own transactions in healthcare contexts in the UK, I then sketch out my plans for using TA to promote Photo Therapy through my role as a founder member of the Japanese Photo-Therapists Network (JPTN), my country's first group of photographers and doctors interested in practicing Photo Therapy.

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Declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work.

Name: Ikuko Tsuchiya

Date: 20th January, 2010.

Introduction

Arts and Healthcare

This thesis cannot begin to discuss my research without offering the reader a description of the relationship between two important aspects of our cultural and social lives, the interaction between the arts and the healthcare sector. These two socio-cultural frameworks are distinct, perhaps even incompatible, domains: broadly speaking, the arts are thought of as highly subjective and non-functional, while healthcare is grounded in objective scientific research and is entirely purposeful. The former is about the creative expansion of our cultural values and experiences; the latter is about identifying illness and maintaining our physical (body) as well as psychological (mind/emotion) wellbeing. However, despite these differences, the two worlds have often been linked because there is a widespread idea that hospitals and clinical environments lack cultural value and that the arts have the potential to assist the improvement of the experience and quality of care that healthcare services offer to its users (Staricoff, 2004, Arts Council England and Department of Health, 2007). Researchers and commentators in both the arts and healthcare have been interested in this interaction (a good example would be the recent conferences organized by Arts Council of England, Yorkshire and the Regional Public Health Group under the generic title 'Critical Connections'¹) and, in the Western world at least, it is now possible to speak of a third domain: the arts and healthcare sector. My research is located in this area of practice and my ambition is to expand my ideas about arts and healthcare as well as develop a way of transferring this knowledge to a non-Western context: that is, to the emergent relationship between the arts and healthcare in Japan. Here, in my home country, we still have some way to go before we can speak of a distinct arts and healthcare sector as you can in the West².

¹ See www.criticalconnections.org.uk

² See Seki, N., Inoue, R., Miwaki, Y. (ed) (2002) *Art x Therapy*. Tokyo: Film Art Press.

As a result, my research has had the ultimate aim of providing ideas that will support the practices of Japanese artists who wish to pursue a career as artist photographers working in healthcare settings. However, in undertaking this research project, I have also discovered my own ways of looking at the relationship between the arts and healthcare in the more developed context of the West, specifically, the United Kingdom. This thesis, therefore, will explore these more established ideas about artists and healthcare by looking at the projects that I have been involved in whilst working on projects relating to the British NHS services and its many associated communities and organizations. However, the insights I feel I have gained here are, ultimately, aimed at my longer-term ambition to become an artist-photographer in Japan and to generate professional and international collaborations between my own country and Britain in relation to the ongoing development of photography as a therapeutic tool.

The argument of my thesis begins with a chapter on my experiences of working in the field of commercial photography in Japan followed by a visit to the UK in which I studied photography at master's level and undertook projects with healthcare organizations in the north of England. These provide the basis for both the conceptual and methodological development of my research. Here the reader will learn about my personal historical background and initial questions as well as ambitions. They will also be introduced to the aims and objectives that stimulated me to transform my interests as an artist-photographer into a researcher undertaking a practice-led research project. This latter form of research methodology enables artists to undertake PhDs and MPhils. The development is important because without this development I would not have been able to explore the relationship between artists and healthcare as a creative insider. Otherwise, I would probably have had to change disciplines and design my project in the field of sociology, or healthcare studies, basing the work in the realm of detached observation.

From the beginning of my project, my concern has been to integrate and develop the production of photographic artworks with the healing goals of therapeutic practice. To be more specific, the sense of empathy, respect and trust that I believe is entailed in creating photographic works that record,

communicate and represent the human condition in times of illness can, in itself, be understood as a generator of wellbeing. When I began my research aim was to consider: 1) the photographer as a kind of healer, and 2) the action of conducting a photographic project as an alternative and creative form of caring for others. I can sketch out two research questions that represent my initial ambitions and which have driven this research project forward. If photography has been used by healthcare professionals as healing instruments in clinical settings, and if photographers have been working for healthcare services then:

- Can it be possible to treat the act of taking a photograph as an act of caring for others (for example, hospital patients)?
- If so, can an artist's practice, which particularly uses photography in a healthcare context, be a method of cultivating an artist's skills in therapy or healthcare?

These questions, although they are very preliminary and simple (it would certainly be very difficult to answer them as they are formulated here), are the central concerns I wanted to investigate as I set out on my research journey. At that time I would have felt profoundly rewarded as a creative person if my activities had helped to make someone well. Indeed, it would have made sense of my love of photographing people if it had been possible to demonstrate that, beyond my artistic ambitions, it was also possible to prove that I was developing a growing ability and capacity as a therapist and health carer. Unfortunately neither aspiration was realizable in anything other than highly subjective terms. Despite my extensive engagement with NHS patients, carers and staff (an engagement that generated many positive responses from the people I worked with and photographed) it quickly became clear that most of the medical profession believe that the arts 'support' rather than 'affect' healing (Staricoff, 2004). Indeed, doctors tend to understand anything other than scientifically developed remedies as having an add-on value, and that they are no more than an enhancement of the highly mechanistic framework of pharmaceutical treatments they have developed for our physical bodies. Despite there being concepts such as the

‘placebo effect’³, where patients feel better after being treated with pharmacologically inactive medications, it remains very difficult to argue that art could have a direct and positive effect on a patient’s state of health. This tension between being supportive and effective has informed the many decisions that have shaped, bit-by-bit, my thinking during my MPhil project.

It is, therefore, the goal of this thesis is to contribute various kinds of investigatory methods (for example: reflective studies and theoretical commentary) to the idea that an artist-photographer is capable of creating something that approximates healing, whether this approximation is classified as a ‘support’ or an ‘affect’. The distinction between these two terms (‘support’ or ‘affect’) has generated a continuing debate in my mind that has shaped the way I describe my various practical projects.

It is my hope that artist-photographers who are interested in the field of healthcare will find my investigatory journey meaningful and enlightening. In particular, it is important to me that any success I have had in unpacking and reformulating my practices will translate into terms that can be used in Japan. I use the term ‘artist-photographer’ in order to position my approach in relation to the process of producing practice-led knowledge. Even though I am undertaking a research degree, and this requires me to write a thesis, my skills and modes of thought are extremely visual and space-oriented. I have found that it is very difficult to write this text. In comparison, the acts of taking and making photographs are full of meaning to me. Furthermore, the act of looking at sets of photographic images on a contact sheet is a form of thinking to me. I take these processes of making images and meaning, to be an artist’s way of understanding the world and producing, as well as sharing, knowledge. The context in which my MPhil has been undertaken was within a community of practice-led researchers who are predominately from a fine arts background. Most of them were painters and sculptors who use methods

³ A ‘Placebo’ (Latin for ‘I shall please’) is a pharmacologically inert substance or treatment. ‘Placebo effect’ is the measurable, observable, or felt improvement in health (physical or psychological) that is caused by a ‘Placebo’. Although the term was first introduced in the context of pharmacological research, it has been widely used in situations having nothing to do with the study of drugs (Carroll, 2009). For more details see *the Skeptic’s Dictionary*. Available at: <http://www.skepdic.com/placebo.html>

and materials for their research experiments that are very different to my lens-based activities. It is possible to say that their processes and methodologies for carrying out research (and their artworks) have had an influence on me. It follows that the ultimate aim of my research is entirely practitioner-oriented. As both artist-photographer and practice-led researcher I have tried to produce a thesis that will make sense to, and be accessible for, the fellow practitioners who are: 1) interested in being involved in the art and healthcare sector; 2) already using photography in arts and healthcare projects and want to explore new ways of explaining and evaluating their practices.

Outline

My thesis has been constructed in four chapters. To begin with, I introduce my personal connection with photography: the roles that photography played in the early stages of my life, through the change of locations and social positions in Japan and England (Chapter 1). This is followed by a short study of artist-photographers, namely the celebrated British artist-photographer Jo Spence (1934-1992), who saw previously unexplored therapeutic dimensions to the act of taking photographic self-portraits (Spence, 1986) (Chapter 2). In this chapter I introduce Spence's concept of Photo Therapy, which I then explore in relation to my own photographic practices by utilizing Transactional Analysis (TA), a relational approach to psychotherapy developed by the Canadian-born American Eric Berne (Chapter 3). I adopted a TA approach because I needed a method of systematically describing the different kinds of interaction I experienced with the people I photographed. TA was a good model because it breaks down human contact into a set of therapeutic values encoded in our modes of conversation and body language. These values are derived from a parent's physical contact with its child, e.g. the healing 'stroke' of a mother's hand (Berne, 1961). It was TA's recognition of the fundamental role of 'therapeutic touch' that inspired the title of this thesis.

As with many other psychoanalytical theories and practices, the roots of TA are in the Freudian struggle between the id, ego and super-ego. However,

TA practitioners emphasize the psychological content of a person's interactions with others, rather than internal psychological dialogue. In a TA session the origin of a client's problems is always sought within his or her personal relationships. The main analytical tool for understanding these transactions is our scope to interact as either a 'parent', an 'adult', or a 'child'. Each of these categories of 'stroke' results in a different range of emotional states. In this way a TA therapist seeks to increase a client's awareness and control of the patterns of behaviour that dominate their day-to-day dealings with people.

At this point in the thesis I return to my healthcare projects and reinterpret them through the framework of TA. With my own view of Photo Therapy in place I move onto to explore the potential development of my TA version of Photo Therapy in Japan (Chapter 4). Throughout the thesis I rely a great deal on visual presence of photographic images. Most are my own photographs, although at various points in my discussion I turn to the work of other photographers. This style of presentation allows me not only to explain how the camera and the photograph functions for me, but also to demonstrate to the reader the different kinds of transactions we experience when we participate in the process of Photo Therapy.

In particular, my TA version of Photo Therapy has to be distinguished from the seminal approach developed by Spence. The British artist-photographer sought visual ways of exploring her experiences as she negotiated treatments for her cancer. My aim has been to use Spence's legacy to understand how an artist-photographer can be a kind of healer. In this thesis I articulate the importance of Spence's contribution to the early stages of my research. It would not be correct to call this contribution that of a role model because Spence's point of view was that of a patient and her discoveries were the product of self-reflective thinking generated by the process of visual autobiography. In contrast, my position has been similar to that of a carer who tries to understand the needs of an ultimately unknowable 'other'. This difference was partly my personal approach to photography (I am more closely aligned with the documentary tradition than Spence) and partly the

circumstances in which my research began (my MPhil was initiated during a fellowship with Northumbria Healthcare NHS Foundation Trust).

In many ways, Spence's example was simply an unavoidable starting point for anyone interested in researching Photo Therapy. As my research progressed, and I became more focused on the Japanese dimension of my future therapeutic work, it was no longer necessary to cross-refer to the British photographer. At this point I wanted to build my own version of Photo Therapy using the practice-led research described in this thesis. My use of TA as opposed to other therapeutic/analytical techniques associated with Photo Therapy was linked to the fundamental difference between my practice as a photographer and that of Spence. Working as an artist-photographer on projects with the Camphill Village Trust and Northumbria Healthcare, made me embrace the full range of social activities that come into play when you are commissioned to document and record various kinds of healthcare environments. My professional approach has been dominated by the notion of 'care' I absorbed during these projects and I do not conceive of my skills or creativity as autobiographical or any other form of 'self-actualization' that can be separated from the transactions in which I encounter someone to photograph and they encounter me as a means of being of photographed.

Therefore, my approach has been focused on: 1) the interpersonal process of negotiating and realizing a photographic shoot; 2) the technique of taking photographs and hand printing the resulting images; 3) the dialogues generated with patients, relatives and healthcare staff when viewing the photographs; 4) the remote reception of Photo Therapy images by exhibition-going audiences and readers of photographic publications. These are the four practice-led elements that together constitute my research process. Each point must be seen in relation to the ultimate goal of my enquiry: that is, to respond to the emergent character of Photo Therapy in Japan with knowledge gained in the UK. My ambition has been to transfer my UK insights and experiences to my home country. Therefore, throughout my thesis, the relevance of the four points itemized above has been measured against the scope I have to transfer what I have learnt during my studies and

research in England into contemporary Japanese terms as described in Chapter 4. This relevance can be outlined as followed:

Point 1). The process of negotiating and realizing a photographic shoot is primarily discussed in the various case studies provided throughout my thesis. These offer support to the developing field of Photo Therapy in Japan by demonstrating to my Japanese colleagues the ways in which photography has the capacity to uncover and communicate a personal and psychological narrative within a healthcare experience. A Japanese photographer who is interested in Photo Therapy is confronted by a range of literature that, amongst other things, refers to unfamiliar practices such as photo-counselling and photo-assisted interviews in which photographs are described as self-statements, self-concepts, self-actualizations, catalysts for change, and so on (Appendix 4 provides a specimen bibliography stretching back to 1968 that has countless publications the use these terms in their titles). My research into the photographic shoot demonstrates how a photographer with a Japanese background might explore the interpersonal dimensions of therapeutic photography. In Chapter Three I describe how the terminology and methods of TA captures this aspect of a photographic shoot. I explain that TA has enough currency in contemporary Japan to act as a familiar mechanism for understanding my research and absorbing its implications.

Point 2). The technique of taking photographs and the hand printing of the resulting images is the core of my practice-led research. As a photographer I have concentrated on the tradition of black and white photography derived from the documentary and photojournalist genres. I have built up a particular sensibility in relation to the sensitive portrayal of the everyday and its representation through a fine-print encounter. My MPhil research was designed to exploit this background in relation to the potential of Photo Therapy in Japan. As with the popularity of TA in my home country, the reputation I have established in Tokyo for this type of photographic practice aids the application of my research to its future context. As I have said above the sequential activity of taking and printing images is the thinking process

that informed all the other elements of my research. Theorists of research methodology such as Donald Schon (1983) have promoted the idea that professional practitioners undertake research through reflective thinking within the process of production and Carr and Kemmis (1986) insist that these reflections are a mixture of retrospective understanding and potential action. The practice-led researcher's decisions are both 'prospective to action' and 'retrospectively constructed on the basis of reflection' (Carr and Kemmis, 1986: 186). This thesis, and the information it provides for Japanese photographers, has its origins in my reflective practices as a photographer working in the tradition defined above.

Point 3). The dialogues generated by patients, relatives and healthcare staff when viewing my photographs are, perhaps, the most important transaction within the many interactions that occur between a photographer and her subject. The special relevance of this element of my research is the fact that these transactions are sustained by the images I print and the care I take with the production of the photographs that are given to each participant. Here, I extend the link between the therapeutic value of taking photographs as a reflective experience for those involved in the original transactions of the photographic session. This aspect of my research is closely related to photographic reminiscence work, a therapeutic process that has a good track record in healthcare contexts. In the NHS environment in which I undertook the *Images of Trust* project it was widely recognized that this reminiscence method improved the self-esteem of patients through a combination of self-discovery and a shifting of the power paradigms that dominate the experience of hospitalization.

Point 4). The remote reception of Photo Therapy images in exhibitions and photographic publications was an important element in the dissemination of my research through my creative and professional activities as a photographer. It is difficult to imagine my role in the development of the Japanese Photo Therapists Network (JPTN), my country's first group of photographers and doctors interested in practicing Photo Therapy, without the level of public acceptance my work gained through the Nikon Salon

exhibition. This is a fact of professional life that became important to my research in the context of my practice-led investigation. The concluding chapter of my thesis describes how this form of reception offered opportunities for reflective thinking even though my audience was engaging with the *Images of Trust* photographs at a very remote distance from the therapeutic transactions that lay at the heart of my MPhil project.

CHAPTER 1: Life, Photography and Art

When trying to understand the role of the arts in health it is worth examining the role of the arts in one's own life. (The Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital)

This chapter describes my long interest in the psychological impact of being photographed, an apparently passive condition which, in my case, triggered a highly active decision to take up a career as a photographer. This interest, and my subsequent career decision, was rooted in my early experiences of working as a studio assistant in a commercial photography studio in Tokyo, and this Chapter provides the groundwork for my study by describing how, following my disappointment at the unsympathetic nature of Japanese commercial photography practices (particularly studio-based fashion photography), I decided to move to the UK and study at a British art school in order to be a photographer myself. In my first chapter I give my personal observations and account of: 1) the particular character of Japanese commercial photography that made such a negative impact on me; 2) my feelings and reactions to the situation of being photographed by commercial photographers; 3) the reasons I felt so uncomfortable; and 4) the way this discomfort influenced my way of taking photographs. I will discuss these four points using reflective writing.

Photography can play many roles in one's life. I argue that I came to understand the diversity of these roles by moving from Japan to England. I am interested in my own responses to shifting space, time and social position, all somehow plotted my involvement with photography. It is important to mention that this Chapter covers my first-hand experiences and makes no attempt at a general theory of the relationship between photography and our personal and social lives. However, the Chapter does begin by identifying some social and psychological issues I was facing in Japan.

1.1. In Japan

Surely each creative practitioner has a unique story to relate about her/his reasons for starting to make art. These are mine.

Over ten years ago, I was a Media Arts student at Tokyo Polytechnic University in Tokyo. In order to earn money to pay the rent for my accommodation, I found a part-time job as an assistant in a studio where a range of commercial photographers and media producers worked. Although, there were other, more lucrative ways of earning money, this job excited me as it was an opportunity to meet and work with established, and sometime celebrated, professionals in the field I had chosen to study.

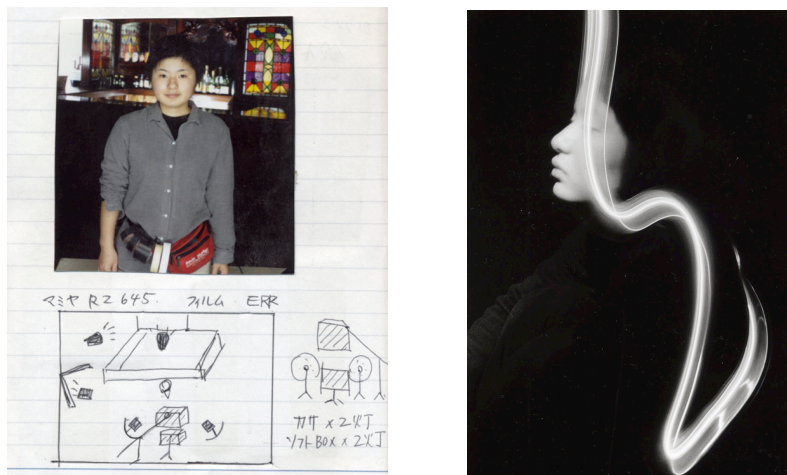


Figure1 & 2. (Left) Photograph of researcher's notebook, including Polaroid photograph of author, and her text. (Right) researcher's self-portrait.

The above colour Polaroid and text (Fig.1.) are from the notebook I made when as a studio assistant in 1997. This photograph was taken by a Japanese commercial photographer specializing in fashion images for magazines. He took this picture of me in order to check the lighting we had arranged (both the front and back) for a shoot with professional models. This is the type of test photograph that all fashion photographers make. I found that it was usual practice to ask an assistant to stand in whilst the models are getting ready. In this way I began to experience what it was like to be

photographed in a highly competitive commercial business. To stand in front of this man's camera (on reflection, it seems important that all the photographers I assisted were men) whilst studio lights were adjusted, waiting for him to press the camera release was an extremely uncomfortable experience. I experienced the same thing over and over again: a feeling that I was an object rather than a fellow human being.

I started to wonder why. On the occasion illustrated above I found the image discarded among other test pictures in a bin and felt a pang of sadness at the abandoning of my image in a rubbish bin. At this point, the special value of photographic images became a key idea for me. I understand that, in the commercial situation in which I was working, everybody operated under pressure (for instance, the studio was charged per hour and the space had to be left clean and tidy after each shoot). It is perfectly reasonable to throw away the waste material of a commercial process and my test Polaroid was just that, a 'test'. Nevertheless, the experience allowed me to consolidate an intuition about photography, about the sense of care and affection that all photographs embody for me. The efficiency of the fashion photographer's practice is in some ways exhilarating; however, I now knew that I was interested in the values of photography as an art form.

My first experiments were B&W photographs such as the self-portrait in Figure 2. I used the self-timer function of my camera while I positioned myself for the shot. This was a purposeful way of taking charge of the image. The visual effect was produced by the fact that the photographer and the model were the same person. I like to contrast this experimental image with the Polaroid in which I stand with an artificial smile on my face whilst the 'professional' photographer tests the shot he wants to make, at a later stage, with a fashion model (another kind of professional with a different kind of expertise).

For me, I was exploring a more personal and honest set of feelings with the experimental shot. This made me want to study photography from the perspective of the arts rather than work in an industry that uses photographers. However, I also noticed the nervous presence of the person caught in the test image. When I look at myself in the Polaroid I am touched by my vulnerability and uncertainty. I was aware that a great deal of psychological meaning was present in a straightforward portrait photograph. Putting the two pictures together is a way of describing the range of ideas I had about photography as I decided to take the first step on my career as a photographer.

1.2. In the UK

At this point I had an opportunity to visit England. This move allowed me to explore the role that photography played in helping me cope with the change of environment. In many ways, the contrast between the two countries motivated me to start taking the kinds of photographs that form the centre of the practice illustrated in this thesis, it constitutes the background material for my research project. In the UK I moved beyond my negative reaction to Japanese commercial photography and began to use my camera as a creative tool, an instrument of survival, a way of coping. It fitted with my need for emotional support. In a state of desperation over my rather poor abilities in speaking and understanding English, the skills of a photographer came to my rescue. I learnt how to live in England and communicate with English speakers by taking photographs. The type of photography I used as a communication tool also had a therapeutic value. The topic of my research was created at this point.

My first period of living in England was in 1998. This was the year my elder sister took up a voluntary post as a co-worker in a Camphill Village Trust settlement in Yorkshire. We will return to this place in more detail below but for the time being I want to concentrate on my experience of following my sister into an alien culture.

In Japan I was used to Tokyo. I lived with the saturation of public presence that is associated with the spaces of the Japanese capital city. Here people do not know each other. Nobody speaks. Everybody is 'co-present' rather than 'together'. Because of our climate, one is more aware of the presence of body temperature than fellow humans. Indeed, our packed trains and busy streets generate a need to restrain and control one's presence against a barrage (which one cannot control) of external stimuli such as the concentrated smell of perfumes and body odours, or the din of countless personal music systems, or the inescapable surface of visual information produced by advertising. You try not to have eye contact with people and, although so closely packed together, there is no sense of attachment: no affinity, affection, closeness, support, or encouragement. It would be deplorable if any of this physical contact turned into meaningful connection.

1.3. Sensual Cultures

Initially, in England things were not so different. In big cities such as London, public contact between people was similar to my experiences in Tokyo. However cultural differences began to emerge once I had settled in. There were different levels of acceptance in relation to the public display of sociability (formal and informal greetings), friendship (expressing the difference between being an acquaintance and a close friend), domestic relations (family behaviour in non-family contexts), and, last but not least (given my discussion above of being a studio assistant), the professional dimension of workplace interactions. In particular, I noticed subtle differences in the role of physical contact. This was most marked in relation to doctors, hair stylists and dentists. I became aware of the professional dimension of human tactility at this time (a form of contact that I later found out is termed 'procedural touch' by healthcare workers) and it was clear to me that there were different conventions in Japan and the UK. I began to understand how communication worked in other registers than verbal language. When I was

surprised by the way that a hairdresser touched my head and neck, I thought about the extraordinary range of communicative actions we experience in everyday life. I may have been struggling with levels of interaction that I had not experienced in Japan but I was expanding my understanding of the diversity of sensual culture.

As I said above, my language skills were very limited. My vocabulary was poor and my ability to listen and understand was still under development. In these new circumstances, I was in a state of identity crisis. I had lost my sense of who I was and felt very alone even when surrounded by London crowds. I realised that this alienation was an extension of my upbringing in Tokyo.



Figure 3 & 4. (Left) Photograph of tourists and their cameras, (Right) Photograph of tourists, their cameras and Buckingham Palace.

These photographs were taken at the front of Buckingham Palace during my first few weeks in London. I was a part of crowd of people waiting to see a parade. The image is significant in relation to this thesis because it demonstrates the presence of cameras in alien crowds. We can see different types of cameras being used: digital cameras in mobile phones and compact cameras. You could see this kind of camera-using crowd in any tourist city in the world. There is a ubiquity to photo-based communication. It is an activity with which we are all familiar. The journalist Alan Rusbridge has written:

Look closely at virtually any crowd scene today and you will see thousands of instant historians capturing the moment on digital cameras and mobile

phones. Within hours, if not minutes, they will be sharing their pictures on Flickr or Facebook or YouTube. (Rusbridge, 2007)

It is surely the case that tourist photographs, even before the internet made the dissemination of images so easy, were credited with interpretability and meaning beyond the boundary of a shared verbal language.

While I was using my 35mm camera at this event, noticing the diverse array of photographic activity happening around me, I realized that my lack of verbal communication skills were making the UK version of city alienation a positive development. My observational skills suddenly came to the fore. I photographed the crowd, not the event, and found that people interacted with me with warmth and friendliness. Paradoxically, ways of communicating seemed possible that involved the full sensorium of social contact: not just the eyes, but the ears, nose and hands as well. The camera seemed to be a much richer vehicle of communication than anything that had occurred to me whilst working as a commercial studio assistant in Tokyo.

The interaction of myself as photographer with the people in the crowd seemed to recognize and celebrate the assembled identities. Although there was a language barrier between us all (the crowd included many different nationalities) I was able to make connections with anyone who came in front of my camera. Photography, from this point of view, was an antidote to the tendency of city crowds to be merely co-present, it had become a tool of interaction. My identity crisis in the UK had revealed to me that photography was a form of therapy.

Later, when I left London and followed my sister to rural Yorkshire I began to see how this discovery would allow me to develop photographic projects in healthcare settings.

1.4. Botton Village Project

My first photographic project in England was a series of portraits of the inhabitants of Botton Village, a Camphill Trust community in North Yorkshire. The photographs were taken over two years whilst I was a volunteer co-worker for the Trust. I had also begun an MA Photography course at Nottingham Trent University in Nottingham (1998 to 2000). I took the photographs as I undertook my daily work in the village environment that, as the Trust's website explains, caters for 'people with learning disabilities, mental health problems and other special needs' allowing them to 'live, learn and work with others of all abilities in an atmosphere of mutual care and respect' (Camphill, 2009). These people are called 'villagers', while the voluntary staff are termed 'co-workers'. I was responding to the atmosphere of this very special place, the positive energy that the idea of the Camphill Trust provoked in me. I was full of respect for the villagers and co-workers and wondered if this feeling could be communicated in the form of photographs?

Here some examples from this series.



Figure 5. 'Boyfriend and girlfriend', photograph of a couple, Botton Village, 1998.

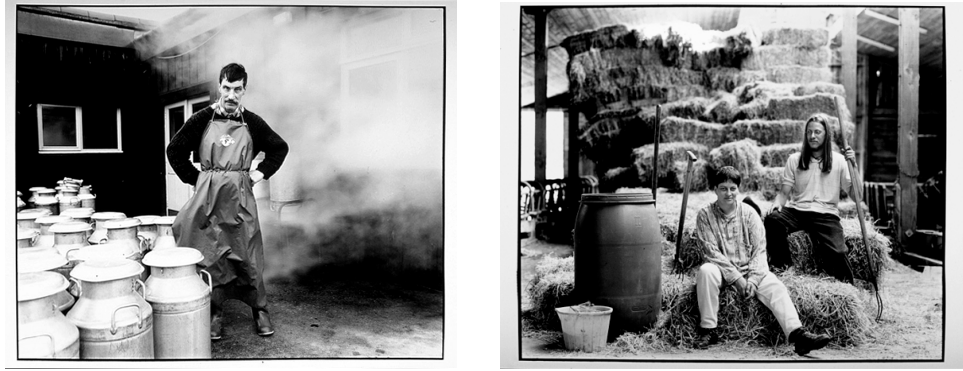


Figure 6 & 7. (Left) Photograph of dairy worker, (Right) Photograph of farmers in Botton Village.

These photographs were taken using a medium format camera (Mamiya RZ67) with 65mm and 150mm lenses (Fig 5,6,7). I used Kodak Try-X black & white film. I developed the films and made the photographic prints in the photography department at Nottingham Trent. The tutors taught me how to print images with conventional wet printing methods (on ILFORD fibre-based paper). Each print was carefully produced, one by one, by hand and this process reinforced my feeling that photographic images were special.

While I was living and working at Botton Village, the special skills of the co-workers struck me as being like the devotion that I was developing in relation to the process of wet printing. The open, caring attitude of the volunteers moved me and I hoped I could bring something of this feeling to the skills of being a photographer.

Embedded in rural Yorkshire there was still much to learn from the contrast with my home culture. I was shocked by my difference. However, the non-judgmental attitude of villagers and co-workers was inspiring. Their acceptance reinforced a sense of the shared human condition, a feeling that is greater than differences in appearance, background and language.

In Japanese culture, the *honne-tatemae* divide (the separation between true feelings and public behaviour) is well recognized (Katayama, PM, Ifshin, HZ, McIvor, KR. 1996:146-147). Most Japanese accept that *tatemae* leads to the hiding of feelings. This has happened because Japanese social conventions have proved to be such a successful way of making professional and business situations run smoothly, such an effective way of avoiding conflict and embarrassment. But the result is a cultural emphasis on superficial appearances and conventionalized behaviour. At Botton Village, faced with a whole community of people with special needs, each photograph I took was an opportunity to modify my innate sense of *tatemae* and reach into a reservoir of unexplored *honne*. As I became involved with the life of this community I was able to build insights about people that had not been available to me in Japan. On reflection, I felt that this was happening because my photographic practices were being integrated with those of a carer. This was a form of caring that was enabled by taking photographs: the process would take time, I would chat with the villagers, make friends, a lot would happen before I was able to press the button on the camera.

I realized that there are many different ways of taking photographs, many ways of looking at people and appreciating the person who stood before me. See, for example, the various interactions with villagers illustrated above. In particular, note the photograph of the couple Mr S and Miss T (Fig 5) which will be discussed later in the thesis. The presence of camera, and the procedures of taking and making pictures, as well as displaying and publishing pictures, fascinated me. Through the daily life of sharing living and working spaces with the villagers I was motivated to take more photographic portraits. I wanted to keep a record because I was moved by the experience of meeting the people in the village.

At Botton I experienced significant differences from the time I was working as a studio assistant. I was now operating as a creative artist using a camera. Interestingly, 'using a camera' still seemed to me to be more or less the same action as it had been in Japan, in a commercial context, and I began to

be curious about the qualities that were making my photographic experiences at Botton so different, so fulfilling. An important influence at this time was the work of the American photographer Richard Avedon (1923-2004). He is famous for transferring the process of studio portraiture to the outside environment (Fig 8.). I was very taken with this idea and tried to emulate his ideas and techniques in Botton Village. In particular, the textural details of clothing, skin and hair produce a strong human presence in his images and I thought this was exactly how I wanted to photograph the villagers. However, the photograph I reproduce below (Fig 9.) shows that my efforts only served to emphasize physical differences. I felt this image failed to make present the warmth of the interactions I was experiencing.

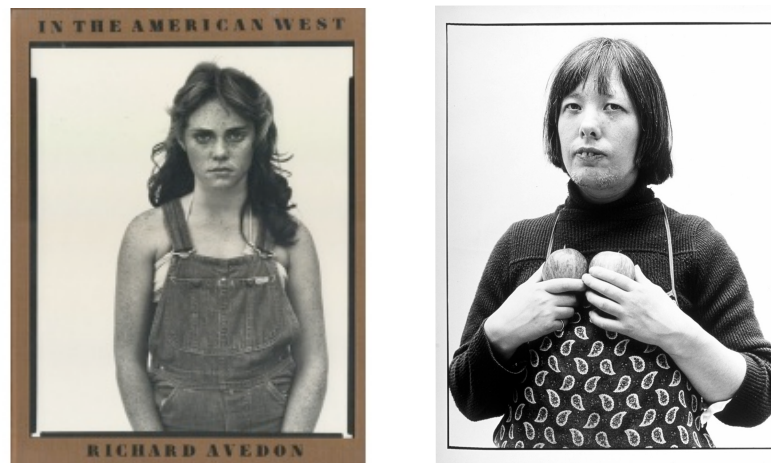


Figure 8 & 9.(Left) Front cover of Avedon's book '*In The American West*', (Right) Photograph of cook, Botton Village.

1.5. Images of Trust Project

This project was launched in December 2001 as a collaborative venture between Northumbria Healthcare NHS Foundation Trust and the School of Arts and Social Sciences at Northumbria University. The aim was to create a visual archive of the Trust at the turn of the 21st century and it offered an opportunity to extend the work I had begun at Botton Village as part of my master's degree at Nottingham Trent University. I applied for the post of lead photographer and, having been appointed, began a two-year period of work

in Northeast England that culminated in a series of exhibitions in the region and in Japan (2003 to 2005) and the publication of a book *Images of Trust*.

My task was to document the wide range of healthcare services provided by Northumbria Healthcare NHS Trust and its associated communities. This experience gave me a valuable opportunity to learn more about another part of England, its cultural identity and historical background. But most of all, the project was a chance to engage with people who require care, and with those who provide that service.

An important challenge was the requirement to use the methods of action research (exploration, observation, communication, reflection, exposition and evaluation ((Hart,1995, McNiff, 2002))) in relation to photographing patients and their families, healthcare professionals, the diversity of healthcare services, the variety of healthcare environments, and the landscapes of Northumberland in which the NHS Trust operates. This was a very different demand from the MA work I had undertaken for Nottingham at Botton. I was now working in a University research environment and was expected to be more conscious of, and responsible for, my own actions in relation to the practice of photography and its impact on the people involved.

Under the influence of Avedon I had started using larger cameras at Botton and I came to Northeast England with a Medium format camera, Mamiya RZ67, that allowed me to produce images of very high quality. However, this equipment was heavier and bigger than a 35mm camera, or the compact cameras or mobile phones that you can carry discretely in your handbag. It was not only physically demanding to use, it was also very noticeable equipment to carry around hospital environments. It was difficult to take photographs quickly. Each shot took a great deal of time to set up and one was tied to fixed position. The process that had made Botton Village a success in terms of human interaction, proved to very awkward in Northumbria Healthcare.

The University and Northumbria Healthcare required me to visit and talk to many people, not just those who have backgrounds within, and professional links to, healthcare. In meeting patients and their families I came to know a great deal about how people live and work in Northeast England.

My photograph 'Husband and Wife' (Fig 10.) is an example of the kind of image I produced in response to meeting patients and their relatives. It represents the way in which the broader social and psychological circumstances of healthcare were engaged during a photographic session. My encounter with this elderly couple was in Tynemouth Court, a mental care centre near Tynemouth in 2003, and I found out that the husband (Mr. C) had been coming to see and feed his wife everyday for several years. I was very moved by his dedication and commitment. His partner could no longer speak as a result of Alzheimer's disease. I observed his gentleness in the way he positioned himself next to her, holding her hand and talking to her with a very soft voice. I started to build a friendship with Mr C seeing him regularly when I visited Tynemouth Court. One day, I asked him how he coped with this difficult time. He was fatalistic, he said that what had happened was God's decision and it was his role to take care of his wife.



Figure 10. ' Husband and Wife', photograph of patient and her husband, 2003.

Back in the darkroom at Northumbria University I wanted to apply the care I witnessed flowing between Mr C and his wife to my engagement with my photographic materials. As I experimented with different ways of hand-printing the 'Husband and Wife' image I noticed how my physical contact with the paper made all the difference to the quality of the picture. I felt that my manual technique, as it improved, was able to emphasise Mr C's apparent state of mind through the careful printing of the area around his hands. At this point I began to be very interested in the positioning of hands in the photographs I took. This was the starting point of an interest in touch therapy. I wondered if there was a relationship between the various healing processes that involve hands and the hand-crafting skills I was acquiring as a photographer. My research began to focus on the rather paradoxical question of the relationship between touch and photography: was it possible to link the close sensual experience of healing touch to the lens-facilitated process of making photographic documents of Northumbria Healthcare at beginning of the 21st Century? The two processes of touch seemed very different: one was about actual physical contact; the other was the distance of the spectator, the view of a person not involved. However, I had a strong intuition that 'touch' was a key concept in the photographic practice I was developing within the *Images of Trust* project.

1.6. Hands-on therapeutic relationships

I began to study the hands-on practices I encountered in the healthcare environment. Many of these were complementary approaches that, if authorized at all by the NHS, were provided at the margins of medical practices.

I visited practitioners of touch therapy and was able to expand my earlier response to the surprising physicality of Western medical practices and beauty treatments. They introduced me to the concept of procedural touch: the kind of physical contact that is sanctioned within the delivery of therapies such as occupational therapy, acupuncture, chiropractice, and osteopathy.

No one would confuse these forms of proximity with the forms of close contact (e.g. hugging, kissing) that express emotional feelings for a person.

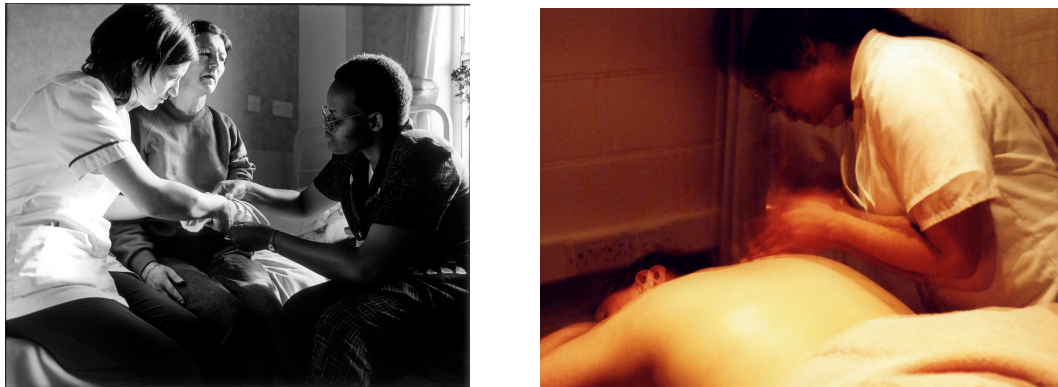


Figure 11 & 12. (Left) British occupational therapist and a trainee from Tanzania holding a patient's left arm for strengthening a bandage, (Right) Beauty therapist massaging her client's shoulder.

One distinguishing feature that became obvious during my visits to these hands-on health practitioners was the respect with which they related to their patients (Fig 11, 12.). I felt that it was possible to distinguish this form of respect from the more formal deference used by trained medical professionals. The touch therapists were always less authoritarian. The process of being examined by a doctor is very different from the gentle hands-on techniques I saw (and personally experienced) being used by, for example, a reflexologist I visited. This form of treatment has no comparisons with the process of taking medicines. At this point I became very enthusiastic about the concept of 'healing touch'.

The reflexologist told me that 'healing touch' used physical contact both to relieve bodily stress and help patients replace negative thoughts with positive beliefs. The aim was to give greater self-control and make it easier to conduct oneself with a greater sense of wellbeing. The overall effect was the generation of natural healing. From a Japanese perspective, this idea sounded rather similar to the concept of a 'counter throw' in Judo. Here the Judo expert gains advantage through the action of defending themselves against attack:

...The beauty is that very little effort will be required to carry out the counter throw because your opponent will be taking himself relatively off balance when performing the initial attack. (The Kodokan Judo Institute)

Healing touch, in producing wellbeing rather than improved health, reduces the impact of our susceptibility to illness. In this sense the hands-on approaches have an indirect impact. This is another contrast with the highly directional mechanisms of conventional Western medicine (i.e. routinely swallowing pills). The effect of healing touch is oblique but broadly life-affirming, it addresses the complex nature of wellbeing.

It [has been] acknowledged that wellbeing is not always about feeling good and in fact many processes of change involved experiences of great personal challenge and difficulty. In gaining the capacity to rise to those challenges, by learning and developing personally, and gaining more control and mastery of their environment, people experienced a resultant 'Eudaimonic' [conducive to happiness] form of wellbeing⁴ (Garner *et al*, 2008).

I began to see the benefit of touch healing as an activity parallel to the sensual therapy provided by the camera when I first arrived in the UK. As I met more and more practitioners dedicated to wellbeing in the sense defined above, I began to see how the broader social interaction of photographic practices (i.e. the many non-verbal aspects of using a camera in a hospital or sharing images with relatives at a day care centre) helped people gain the capacity to rise above challenges. It seemed to support personal development and gain better 'control and mastery of their environment'.

⁴ 'Eudaimonic' wellbeing encompass ideas of self-development, personal growth and purposeful engagement and has an impact on both mental and physical health (Ryff *et al* 2004).

In the next Chapter I will discuss the impact of the work of other artist-photographers who have understood how photography is linked to the notion of wellbeing.

CHAPTER 2: Jo Spence: another approach to photography and therapy

“癒し”とは人の五感が感じ、人の心の中に生じる感情であり、個人差が大きく、客観的に捉えることは難しいと考えられます。

Translation: It is difficult to define ‘Healing’ objectively, because it is a sensation and feeling(s) which one’s five senses perceive and internally process with individual variation (Suenaga, 2004).

In this chapter I turn to a famous creator of healthcare-based photographic projects, the celebrated British artist-photographer Jo Spence (1934-1992), who was a pioneer of ‘Photo Therapy’ in England. My purpose is to examine her approach and the ways in which she developed her pioneering Photo Therapy projects. I am also interested in how she distributed her photographs in order to enhance wellbeing. My aim is to use Spence as a model for understanding how an artist-photographer can be a kind of healer. In this chapter it will be important to bear in mind that there is a difference between the concept developed by Spence (this is, photography as ‘therapy’) and the forms of counselling that stimulate wellbeing using reminiscence and narration generated by historic or family photographs (that is, ‘photography *in* therapy’). My research primarily concerns the former although my interest in embracing the full range of social activities created by photography means that the therapeutic value of looking at printed images also falls with the range of topics covered in this thesis. I think looking at photographs is part of Photo Therapy, part of photography as ‘therapy’.

2.1. Jo Spence and Photo Therapy

In her book *Putting Myself in the Picture: a political, personal and photographic autobiography* (1986), Spence describes and demonstrates to readers her transformation of the use of camera from a tool for commercial photography into an effective tool for coping with problems and difficulties caused by her illness, breast cancer. Her publication contributed to shift our idea of the relationship between photography and healthcare (Dennett 2001, Hagiwara 2004, Jeffrey 2008). Furthermore, the impact of her practice raises

awareness about a way of regaining health (Ishihara 2004, Nakanishi 2008, Erävaara 2008).

Spence's output was various: from a casual and amateur style ('snaps' taken with compact cameras, resulting in the kinds of machine-made colour prints with which we are all familiar) to a formal and professional style (photographs taken with SLR cameras resulting in hand-made black & white prints).

In dealing with her illness, pain and emotional struggle, such as anxiety and fear, Spence created an influential collection of original images (either in hospital or at home) using a process that brought together studio photography, bodily performance and artistic representation. While Spence was in the hospital as a patient, she documented herself as the subject, with her friend Terry Dennett operating the camera. The purposes were to find ways of viewing herself objectively and uncovering what was happening to her as she negotiated orthodox treatments for her cancer.

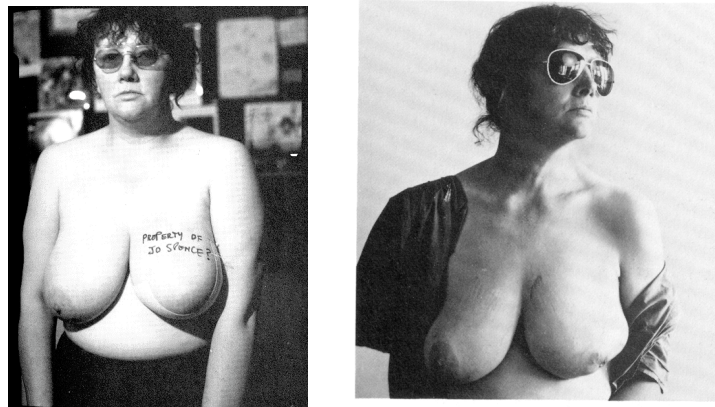


Figure 13 & 14. (Left) Spence presenting her upper body before her camera, a caption 'Property of Jo Spence?' written on her left breast, (Right) 'Will I be a heroine or a victim?' Photograph of Spence after her surgery for her illness, breast cancer.

Spence commented that the process of taking, producing and consuming photographs, parallel to the process of medical treatment, was about 'being the active subject' (Spence, 1986:153). For her, the process of creating and looking at the portraits of her body was not just an expression of her personal

feelings, it was a journey of self-discovery, and a method of raising awareness. In her case, she became an active explorer, observer, thinker and producer of images.

In the article *Photo Therapy: new portraits for old, 1984 onward* (Spence, 1986:173-193), Spence describes a series of methods learned from psychotherapy, such as co-counselling, psychodrama⁵, and a reframing⁶ technique. By combining the practices of psychotherapy and creating a range of portraits of herself, she found a way of generating a healing dialogue with herself (Fig 15.). Once these images were available to the public, they became models of how a camera could be used as a therapeutic tool (Erävaara 2008).



Figure 15. Spence posing before the camera as Photo Therapy session in a studio setting, taken by Rosy Martin acting as photographer-therapist.

Spence's work engaged with debates about the abuse of power, class discrimination, the social construction of women and perceptions of female body in the context of healthcare. There can be little doubt that her work was intended as a critique of the relationship between doctor and patient.

⁵ Psychodrama is a method of psychotherapy exploring, through action, people's problems. It is a group working method, in which each person becomes a therapeutic agent for others in the psychodrama group (Spence, 1986).

⁶ Reframing is a technique which describes a problem by changing its context or representation (Spence, 1986).

Without necessarily engaging in the same political issues and debates, Spence's idea and practice of photo-therapy has been adopted and adapted by countless other photographers and visual artists, and indeed by those with little photographic or visual training. Many were women. This is clearly related to Spence's politics, and women's position in the social structure, but one might also speculate that men have been conditioned to be much less sensitive about their bodies and feelings. Whatever the reason, Photo Therapy does appear to be a predominately female practice.

Following Spence's example a variety of practices that link photography and healthcare have evolved since the 1980s (Hagiwara 2004, Erävaara 2008, Weiser 2008). These developments range from the arts (primarily in fine art and documentary photography) to psychotherapy. Artists, photographers and psychotherapists have been using cameras and photographs as tools for assisting the process of healing. A good example of a psychotherapist appreciating and utilizing the work of Spence is the Canadian psychologist, Judy Weiser, who is the director of the *PhotoTherapy Centre* in Vancouver. She claims that she uses photography for creating communication and healing, and not for artistic purposes. She uses a range of methods in her sessions with the mentally disturbed. Weiser encourages them to examine, reflect and review the photographs they have taken in the framework of a psychoanalytical discussion. The interpretations and explanations that result from this process provide important and useful data toward the designing of a treatment programme for each of Weiser's clients.

It is interesting to note that Weiser thinks of her work as 'photography *in* therapy' and she is quick to distance herself from the approach of artist-photographers such as Spence:

'Therapeutic Photography' activities are initiated and conducted by oneself, rather than precipitated during interactions with a therapist. It is done by individuals by and for themselves for the purpose of their own personal

growth and self-discovery – or even more broadly when using the camera for creative artistic statement or as an agent of personal/political/social change (photography as therapy)". (Weiser, 2001 & 2008)

In her book *Phototherapy Techniques: Exploring the Secrets of Personal Snapshots and Family Albums* (1999), Weiser claims that photographs help her clients get in touch with their feelings. She uses images to reach beyond rational thoughts to a submerged world of memories and intuitions. The aesthetic and critical dimensions of photographic images that were so important to Spence are not important elements in Weiser's therapeutic practices.

2.2. Masumi Ishihara and 'the personal-goal project'

Because an important strand of my research is the future impact of Photo Therapy on Japanese photographers, I now want to discuss a photographer based in Tokyo who, exceptionally, has explored some aspects of Spence's approach. Masumi Ishihara has created a series of celebrated photographic projects that were inspired by Spence's idea of using photography as therapy. She combines the use of a pinhole camera (especially in relation to landscape photography) with her extensive knowledge and experience as a practising psychologist. Her aim is to help the general public (not necessarily the unwell or distressed) achieve wellbeing. Ishihara promotes the use of photography as an optimizing activity that enhances a positive state of mind: photography helps people focus on experiences that are interesting or fun, it helps us express our feelings and enjoy the act of producing lasting visual representations.

Clearly Ishihara's methods have evolved into a rather different kind of practice in comparison to Spence. In her book *Phototherapy: how to change yourself in nine days*, (2004), Ishihara describes her approach as involving taking and collaging together photographs (particularly of the sky and other natural phenomena) and writing a diary. This seems a very indirect

interpretation of Spence's practices and it is obvious that Ishihara's method is more about finding comfort and reassurance than challenging notions of identity and authority. There is no attempt at engaging with the political and socio-cultural issues of being ill.



Figure 16. An example of Ishihara's pinhole photographic work, picture of light and flower.

The work of Ishihara, despite having its origin in the example created by Spence's Photo Therapy, shows just how difficult it has been for Japanese photographers to grasp the actual potential of the pioneering work achieved by Spence in Britain during the 1980s. For example, another Tokyo-based photographer, Atsuko Nakanishi, has also been inspired by Spence's ideas. Her background is in education and she originally used photography in relation to the designing of teaching materials before developing similar ideas for everyday uses of photography. Once again this approach takes up the link between photography and wellbeing in the wholly unchallenging arena of popular self-help. In this case, Nakanishi has applied Spence's approach to the interpersonal dialogues that arise through the act of taking a photograph. The context is the general understanding of different points of view and opinions: through the process of creating and looking at photographs of new generations of parents; young mothers in particular, are, she claims, able to interact better with their children (2008).

It is clear that Ichihara and Nakanishi, two Japanese inheritors of Spence's ideas, have been concerned with the photograph as a component in an

intimate dialogue and transaction that is generated within the context of a special relationship where the subject grants privileged access to their personal space. However, unlike Spence (and Western psychologists such as Weiser), the Japanese uses of Photo Therapy have avoided the healthcare environment. They have not wanted to apply the therapeutic potential of photography in situations in where people were seriously ill or disadvantaged. Perhaps this reticence reflects the continuing power of *tatemaie* in Japan. People who are ill do not want their condition made visual, they want to hide their illness. For Photo Therapy to work the subject has to trust the camera to tell the truth about themselves in the same way that we trust a mirror to reflect back how we look. If you believe that a photograph will make your sense of wellbeing worse then you will not trust the Photo Therapeutic process; your trust will not allow the act of taking or looking at a photograph to be a way of viewing yourself objectively and uncovering what it happening to you (the basis of Spence's idea).

This thought led me to consider a method of examining the transactions that occur between photographers, their subjects, the images that are produced and the process of reception. The example created by Spence, by the time it impacted on me whilst I was working on the Botton Village and Images of Trust projects, made me want to search for a way in which I could map the healing care that passed between all the actors in a photographic shoot. I wanted a theory of interaction that pictured the action within the photography-healthcare nexus as a form of healing touch. I wanted to understand and act upon Spence's legacy in a different way from my Japanese colleagues.

CHAPTER 3: Therapy and Transactional Analysis

This chapter introduces 'Transactional Analysis (TA)', a method of examining human social relationships or transactions, that is used in psychotherapy. My goal is to find out whether this method can be used to explain my own interactions with people within the production of photographs in the healthcare environments in which I worked in the UK. In order to identify the many transactions (psychological exchanges) between myself and the subject, between the camera and the completed print, between the printed image and its audience, I hope to pinpoint the characteristics that seem, for me, to make photography a 'therapy-like' phenomenon. As we shall see TA is based on the universal role of human touch in all our dealings with each other. Indeed, analysis is achieved by measuring a notional unit called a 'stroke' which represents the many forms of recognition, acceptance, compliment, censure, and reproach we use in social interactions.

I will begin by tracing the theoretical principles of TA which, since its development by the Canadian-born psychiatrist Eric Berne (1910-1970) in the early 60s, has found applications in a wide variety of fields, not only in psychotherapy and counselling but also in education and business where it supports activities such as team building, behaviour management and personal development for teachers and managers. The TA commentator Dave Barker explains:

A transaction is defined as the unit of social intercourse, consisting of a stimulus followed by a response, which may in turn become a stimulus for a further response, and so on. Each transaction, therefore, consists of two strokes, or units of recognition. (Barker, 1980: 28)

Thus all transactions involve the touch-like component that TA experts call a 'stroke'. When we are born we are totally dependent on the care and

interaction of others; our parents or caregivers provide what we need in terms of food, physical warmth, protection and sense of affection (Field, 2001). Beyond this material level, we also need our caregivers to stimulate our minds so that we develop in a way that meets our needs in terms of security and comfort (Spitz, 1945). Through these interactions with our parents and friends we develop the use of language, our strength of emotional attachment and sense of identity (Henderson, 1977). All these interactions can be thought of as 'strokes' (Berne, 1961).

But what happens when we become an adult and have to live without parental interactions? To fulfil our ongoing needs we are driven to make new and diverse kinds of extra-parental relationships that also have stroke value. Berne describes these drives as a form of 'recognition hunger' (Berne, 1961:4-15), and he created diagrams which demonstrate observable human interactions with their varying types of 'stroke' value. Berne claimed that we continue to need these sources of stimulation throughout our life, though (significantly for this thesis) we learn to accept them as symbolic as well as literal experiences.

3.1. TA and healing touch

Having considered the basic principles of TA we should now explore the theory in relation to our earlier discussion of healing touch. There is always a joint partnership between a hands-on health practitioner and a client. This can be contrasted with the passive role of a patient within conventional medical practices. In TA the focus is on helping individual clients to develop their autonomy through understanding their interpersonal skills. As with all the examples described above, from my own experiences as a photographer through to the Photo Therapy of Jo Spence, the aim was to take control of interpersonal experiences in times of stress or vulnerability. TA focuses on the client's patterns of behaviour in terms of subjective perception, interpretation and reaction in relation to the stimulation of another's actions.

The resulting sense of healing and wellbeing can be characterized as a sense of satisfaction or contentment gained through the fulfilment of one's needs, or a sense of pleasure derived from social contact, or a feeling of emotional or mental balance and stability.

A TA counsellor undertakes an intervention into the client's transactions with others. Counselling involves observing and analysing what happens. The basic purpose of a TA intervention is to help the client confront the habits and customs (called a 'script') that dominate their social transactions and then to encourage a greater degree of autonomy for all those involved. Not all interventions work: some lead to the client reinforcing her or his existing 'script' and others simply prove ineffectual in relation to the client's movement in or out of a habitual 'script'. As a result, the philosophical stance of TA is that a counsellor cannot make someone change, either for better or for worse. In the end it will be the client who decides to alter her or his 'script'. The skill of the counsellor is to present each client with the actual options available in what Barker calls 'grown-up' reality (1980). In so doing, TA challenges the client's perception that the options are still limited to the resources she or he had available as a young child.

The most interesting idea here is that this 'grown-up' reality is as much to do with parental 'strokes' as the client's childhood world. The difference is that the strokes now have a symbolic, rather than a physical, value.

A stroke is defined as any act implying recognition of another's presence, whether verbally, non-verbally (a frown or smile, for instance) or by physical contact. As we grow up the emphasis changes (in Western cultures anyway) from exchanging physical strokes to exchanging verbal strokes, as physical contact and stimulation become taboo in prescribed situations. (Barker, 1980)

In this research project the stroke-like recognition of another's presence can be translated into our engagement with the individualized and personalized presence of a patient in a healthcare setting. I would like to suggest that

'healing touch' also transfers into other non-physical transactions such as patient-carer conversations. Since these adult strokes can only be obtained by engaging in social contact, transactions with others are a vital requirement for our wellbeing (Klein, 1980:25). If we imagine all the healthcare situations in which these presences may be experienced and transformed into wellbeing, then it is surely possible to include Photo Therapy in the field of interactions that TA reveals as being 'healing'.

The characterization of stroke values has gained greater definition as TA evolved and widened its applications in relation to different fields. In *Lives People Live: A Textbook of Transactional Analysis* (1980), Mavis Klein, a founder member of the British Institute of Transactional Analysis, identified the following kinds of strokes through her studies of the mother-child relationship:

1) Unconditional positive strokes

A healthy parent's loving attitude towards his or her child provides the prototype of all *unconditional positive strokes*, which effectively say, 'I love you because you are you, irrespective of anything you do to please or displease me' (Klein, 1980:27).

2) Conditional positive strokes

'You can watch television if you're good and tidy up your toys' (Klein, 1980:27)

3) Conditional negative strokes

'Do that once more and I'll wallop you!' (Klein, 1980:27).

4) Unconditional negative strokes

'You are unworthy of love irrespective of anything you might do to please me'. The consequences of a child receiving such messages from a parent are inevitably tragic for the rest of his/her life (Klein, 1980:27-28).

Unconditional positive strokes are the original strokes for which we yearn for the rest of our lives and typically obtain as grown-ups in loving sexual

intimacy (Klein, 1980:27). Accordingly, the transactions from which we can derive these most highly prized strokes are too rare in our lives to suffice for all our stroke needs (Klein, 1980:27). We, therefore, need and seek the more readily available conditional strokes offered us in our everyday encounters. However, Klein's list encompasses both positive and negative types of stroke and her four-part classification has been widely accepted and used, for example in the work of Ian Stewart, who is a clinical counsellor and co-director of the Berne Institute of England and author of the book, *Transactional Analysis Counselling in Action* (2000).

According to Klein and Stewart, a positive stroke is one that the giver of the stroke intends to be pleasurable to the person who receives it. A negative stroke is one that the giver of the stroke intends as unpleasant or unwelcome to the person who receives it. However, some account is needed to explain the cases where the recipient of the stroke responds by rejection – for example, the giver of a stroke might intend it to be pleasurable but the recipient might feel it as unacceptable and reject it. Or the giver might indeed intend it to be unpleasant, but the recipient might welcome it. Human relations do include many such complicated configurations and the four transactions identified by Klein do seem very basic. Because transactions usually develop along interactive lines with 'feedback' strokes creating a complex relationship, it is possible to describe stroke exchanges in a way that allows tabulation (Table 1.):

In Psychotherapy	Positive (Leading to acceptance, affirmation)	Negative (Leading to rejection and denial)
Conditional (Doing: Achievements)	<i>Conditional positive stroke:</i> 'You are OK, because...'	<i>Conditional negative stroke:</i> 'You are not OK, because...'
Unconditional (Being: characters)	<i>Unconditional positive stroke:</i> 'You are OK'	<i>Unconditional negative stroke:</i> 'You are not OK'

Table 1. Stroke exchanges in psychotherapy

A significant feature of the transactions described above is the notion of 'Ego States.' These are consistent patterns of feelings and experience linking to patterns of behaviour. The three prime Ego States are identified as *Parent*, *Adult* and *Child*. The Parent Ego State shows behaviour, thoughts and feelings copied from one's parents (or from whoever looked after the person as a child). The Adult Ego State shows behaviour, thoughts and feelings in response to whatever is happening at the moment. The Child Ego State shows behaviour, thoughts and feelings from when the individual was a child. Both Parent and Child can work in contrasting modes, such that the Parent might operate as a Controlling Parent or as a Nurturing Parent; the Child might be in Free Child mode, spontaneous and natural, or in Adapted Child mode, adapting behaviour to gain approval. It should be understood that these states of mind might be experienced by one and the same person at different times – even rapidly following on from each other in the same situation. It may be helpful to think of them as postures, or attitudes, which may be adopted by any individual according to context or situation. Following diagram illustrates the structure of the three Ego States (Berne, 1961).

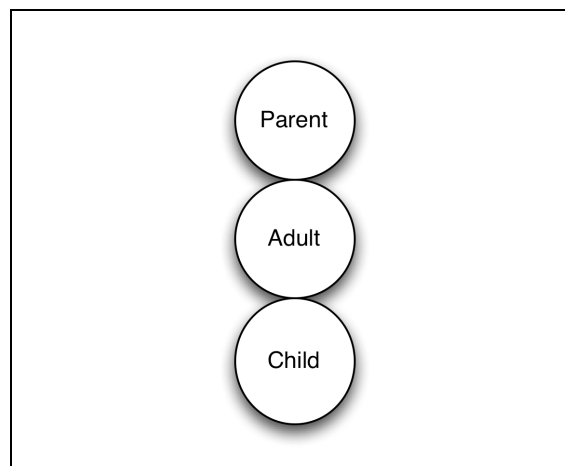


Figure 17. Ego States: structural model (Berne, 1961)

Berne gives them in this form to accentuate that they are not to be seen as a sequence. (Appendix I shows the variety of possible transactions in the photography and healthcare context).

Their main application in this study will be the photographic situation, and the usefulness of the idea is that it helps analyse the variety of relations possible between the photographer and the subject. It will be important to recognise the camera itself as an important party to the transactions, almost a rôle player itself – though of course it is only a tool, an extension of the photographer. But it can be the object of feelings projected by either the photographer or the subject. After all, the photographer may sometimes feel frustrated by the tools of his trade, and the subject may have a negative relation to the camera based on previous ‘bad’ experience – ‘the camera doesn’t like me’, which means ‘I don’t like photos of me, I am not photogenic’, etc.

It is now time to return to the photographic projects introduced in Chapter One. My goal here is to re-examine them in relation to the practices of TA we have considered above.

3.2. Transactional Analysis and Photo-therapy

My purpose here is to use TA to explore the following aspects of my work at Botton village and in the Images of Trust project: 1) what roles did my camera and photographs play in relation to the different social and communal environments in which I developed my ideas about Photo Therapy; 2) what changes and adjustments did I make to my creative practices as an artist-photographer as I interacted with people in different kinds of healthcare situations. Again, following Klein, this may be tabulated as follows (Table 2):

In Photo Therapy	Positive (Leading to acceptance, affirmation)	Negative (Leading to rejection and denial)
Conditional (Doing: Achievements)	<i>Conditional positive stroke :</i> 'You are OK, because...' (e.g. Valuing the appearance of the subject, or the outcome of the photographs.)	<i>Conditional negative stroke:</i> 'You are not OK, because...'
Unconditional (Being: characters etc)	<i>Unconditional positive stroke:</i> 'You are OK.' (e.g. Recognition of the individuals' uniqueness, character and potential)	<i>Unconditional negative stroke:</i> 'You are not OK.'

Table 2. Stroke exchanges in Photo Therapy

In the following 'interventions' I will reappraise the selected key photographs from my project at Botton Village and the *Images of Trust* commission. My hope is that TA will help me re-engage with the feelings evoked at the time. The behind-the-scenes experiences of shooting the images will be included, as will the actual transactions that occurred between the people with and without cameras in the distinctive environments of the Camphill Village and the NHS facilities. Consequently, this final section of my Chapter on Transactional Analysis reconsiders my creative practice from an entirely transactional perspective: the creativity is now seen as part of the various interactions between photographer and sitter and photograph and viewer rather than as an intrinsic quality of the physical photograph. My central question (can an artist-photographer be a healer?) is thus framed by the need to unite the practice of being a photographer with the hands-on skills of a health practitioner. Given the key ideas of Ego States and Stroke Exchanges outlined above, my proposition is that both photography and healing involves the identification and classification of the types of transactions that occurred between the people involved. I am going to

attempt an exploration of these transactions using the photographs I produced as indicators of TA stroke values.

As I began to absorb Berne's concept of a Stroke Exchanges I was struck by its practical relevance to the types of interactions I described above in relation to Botton Village and Images of Trust. My transactions as a photographer were rich in 'strokes' because the people involved were entirely focussed on the maintenance and improvement of human psychical and mental health.

Before turning to actual examples from the two projects I need to clarify the specific transactional situations that arose. At Botton and Northumbria there was a complex interpenetration of verbal and non-verbal communication. The need to photograph groups only reinforced this fusion of different modes of interaction. The subjects might chat with each other, they might change positions and alter their poses, they might try to engage the photographer in conversation, or they might 'act up' (e.g. act silly or joke with people off-camera). The results privileged human interaction as a 'holistic' experience, where neither language nor visual sign were given priority. Even when a photograph involved a single subject, the behind-the-scenes transaction could be complex:

Transactions are either simple or complex. A simple transaction involves the use of only one ego state by the initiator and one by the responder. A complex transaction involves the use of two ego states by either initiator or responder or both. (Barker, 1980:29)

What I found was that the timing, the interaction with the subjects, and the feeling of respect in relation to the situation, overlaid the event with levels of complexity that enriched the sense of wellbeing. This feeling continued to have an impact throughout the process of making the prints and showing the resulting photographs to interested viewers. The impact was present even at the stage in which the images were exhibited at some remote location where

the exhibition-going public knew nothing of Botton Village or Northumbria Healthcare. Each transactional stroke seemed to continue being laden with a value derived from the original interaction with the subject.

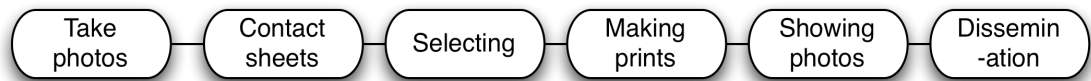


Figure18. Outline of events (from left to right) in the process of creating and dissminating photographs

In the sequence of project events (transactional situations) outlined in the above table (Fig 18.) the transactions involve as follow:

1. photographer and subject,
2. subject and subject,
3. photographer and camera,
4. subject and camera,
5. photographer and photographs,
6. subject and photographs,
7. photographer and subject's friends or relatives,
8. photographer and disseminator (i.e. publisher or exhibition curator),
9. photographer and viewers of photographs

In each of these nine transactions there could be a combination of literal and symbolic strokes in the follow manner: direct bodily contact (e.g. hand to hand touching of photographer and subject), eye-to-eye contact (e.g. gaze), facial expression (e.g. smiles exchanged between photographer and subject, subject and subject) and bodily gestures.

At the level of production, strokes occur during the taking of photographs, during post-production activities in the dark room (e.g. the production of contact sheets), during project meetings in which images are selected for further work, during the printing of best quality photographs, and at the point of distribution during editorial or curatorial discussions.

In the following reappraisals of the Botton Village and *Images of Trust* projects I will consider the four types of stroke as forms of 'healing touch' in the nine relationships identified above. As this thesis represents a practice-led research project, I will be undertaking a TA intervention on my own experiences as a form of reflective investigation.

3.3. Intervention 1: Botton Village Project



Figure 19. 'Boyfriend and Girlfriend', photograph of couple, Botton Village, 1998.

Clearly, at the time of my first visit to Botton I was completely unaware that such a thing as Transactional Analysis existed; the following analyses are therefore very much *post hoc* rationalisations based on the notes I made during each shoot.

1) photographer and the subject

- *Adult Ego State and Adult Ego State:*

One Sunday afternoon in early Spring. Photographer met the couple at the house where a fellow co-worker was staying whilst she was working in the village. Practitioner thought they would make a fine subject. Photography practitioner asked them whether they would mind posing for a photograph.

This counts as a *conditional positive stroke* from the Adult Ego State treating the subject as an adult.

- *Child Ego State and Adult Ego State:*

Even though the photographer has limited English, the couple agree straight away. There is a lack of confidence in the photographer.

Here there is an element of the Child Ego State with 'I'm not OK' in the photographer's approach to the subject; the immediate agreement restored confidence to the photographer, who could then comfortably fully assume the Adult Ego State with 'I'm OK'. This counts as an *unconditional positive stroke* in response.

2) subject and subject

- *Adult Ego State and Adult Ego State*

The male subject (Mr S) was taking care of his girlfriend (Miss T) (e.g. he was asking her 'Are you alright?' and holding her arm whilst the photography took place). Responding to his question and gesture, Miss T expressed care for him (e.g. smiled at him).

Miss T's response counts as 'I'm OK and You are OK', and *unconditional strokes* were exchanged between their *Adult Ego States*.

3) photographer and the camera

- *Adult Ego State:*

The photographer was using a medium format camera (Mamiya RZ67) and tripod because she thought this equipment would produce a fine quality image.

The photographer's idea counts as an *Adult Ego State* of 'I'm OK', but a *conditional positive stroke* was also exchanged because she was

treating the camera as 'You are OK' in relation to the desired quality of the final product (i.e. if you make a good image, you will be OK.)

- *Critical Parent Ego State:*

When the subjects arrived before the camera, the practitioner realized that she needed to change the angle of the shot and the height of her tripod. In this situation, the photographer was impatient, because it took time to re-arrange everything, contradicting her wish to make the process of taking the photographs run as smoothly as possible.

Here the photographer was in the *Critical Parent Ego state* and 'I'm OK'. However, she was seeing and treating her camera and tripod as 'You are not OK'. This suggests that a *conditional negative stroke* was also exchanged. Consequently, the photographer regretted her lack of efficiency and technical skill. The photographer was treating herself as 'You are not OK' in relation to the *Critical Parent Ego State*, and creating a *conditional negative stroke* to herself at that point.

- *Free Child Ego State:*

When the photographer was pressing the shutter button, she was excited about taking the photograph and enjoying the moment.

This indicates that photographer was in the *Free Child Ego State* with 'I'm OK'. She was treating her camera as 'You are OK'. This suggests that an *unconditional stroke* was created at that moment.

- *Adult Ego State:*

The photographer was particularly pleased with the fact that she had managed to capture facial expressions and body gestures of the couple. The lighting was beautiful.

This indicates that photographer was in the *Adult Ego State* and 'I'm OK' in relation to the environment in which the photograph was taken

(e.g. weather). Here *unconditional strokes* were generated by the photographer's *Adult Ego State*.

4) subject and the camera

- *Free Child Ego State?*

Mr S and Miss T smile into the camera.

- If the photographer had known about TA when she took the photograph perhaps she would have been able to analyse the transactional smile between the couple and the camera. However, the designation of *Free Child Ego State* must remain entirely speculative.

5) photographer and photographs

- *Critical Parent Ego State:*

In the dark room, the photographer judged everything from the exposure time to the contrast of the photographic print. The photographer was in *Critical Parent Ego State*.

- *Adult Ego State:*

In the process of exposing the image on a sheet of photographic paper, the photographer handled the film negative and papers carefully in order to avoid damaging them.

- *Free Child Ego State:*

In the process of developing the exposed photographic paper, the photographer enjoyed seeing the image as it appeared on the paper through the chemical reaction.

6) subjects and photographs

- *Adult Ego State:*

Two hand-printed photographs of 'Boyfriend and Girlfriend' were sent to the Mr S and Miss T by the photographer. The photographer saw the photographs framed on the walls of their room at Botton village. It

appears that the couple appreciated the image. If so, this counts as an *unconditional positive stroke*.

- *Child Ego State:*

It is possible the subjects were asked by the co-workers to frame and hang the images, in which case the transaction would be a *conditional positive stroke*.

7) photographer and subject's friends or relatives

- *Adult Ego State:*

The relatives of the couple contacted the photographer to ask if they could have copies of the photographs. They say that they love the image. The photographer agrees and presents them with new prints as a gift. This suggests that the transaction was an *unconditional positive stroke*.

- *Adult Ego State:*

The photographer was happy to hear from the subjects' relatives. This was a *conditional positive stroke*.

8) photographer and disseminator (i.e. publisher or exhibition curator)

- *Child Ego State:*

The photographer submits the photograph to a national competition. Her anxiety about the competition was a *conditional negative stroke* because she felt she was not good enough to win a prize.

- *Adult Ego State:*

When the photographer was awarded a prize the transaction turned into an *unconditional positive stroke*.

This reflective intervention has, at the very least, given me an analytical vocabulary that covers all the nine stroke exchanges I designated as

characteristic of Photo Therapy. It has been, of course, a retrospective exercise and is, as a result, highly speculative. Normally, a TA counsellor would engage with the transactions as they happen and respond to the needs of a 'live' situation and if I was to progress my research project from a MPhil to PhD I would want to extend this experiment to a collaboration with a TA counsellor in my current Photo Therapy projects in Japan. Nevertheless, reappraising my Botton Village notes has produced in me a strong sense of my own 'script' and I could, if I wanted, undertake a further reflective stage in which I describe the steps I took to modify my actions as an artist-photographer in order to build a stronger personal autonomy. It seems clear to me now that I have been doing something like this without understanding what I was doing since I first arrived in the UK. Given that I have ended up committing myself to the arts and healthcare sector and the concept of Photo Therapy I have also unconsciously extended my range of stroke exchanges in order to bring not only greater autonomy to myself, but also an improved sense of fulfilment and stability to those I photograph and those that view the images I print. TA has given me a vocabulary for describing this form of 'healing touch' that Photo Therapy seems to stimulate.

In my reappraisal of the Botton Village photograph the sense of a personal 'script' became obvious and I now turn to a photograph I took during the *Images of Trust* project in order to examine the dynamic shift between different Ego States and Stroke Exchanges that seem to represent my changing 'script' as I increasingly committed myself to Photo Therapy.

3.4. Intervention 2: *Images of Trust* Project



Figure 20. ‘ Husband and Wife’, photograph of patient and her husband, from *Images of Trust* project, 2003.

The transactions that created the Botton Village photograph were reappraised above using a bullet-pointed ‘intervention’ based on my translation of the TA formula to the Photo Therapy process. In contrast, I am going to begin this section with an extract from my notebook text written during the *Images of Trust* project. I present this as an unanalysed ‘script’:

I met Mr and Mrs C in a mental hospital near Tynemouth in 2003. While introducing myself to them I tried to explain why I was visiting the hospital. I had great difficulty communicating with Mrs C, and her husband told me she was suffering from Alzheimer’s disease. During my conversation with Mr C I started to feel that I wanted to take photographs of his way of caring for his wife. I was moved for three reasons. One was that he had been coming to see his wife everyday for several years and I was moved by his dedication. Another was the way he gently touched her hands and forehead. Mr C’s actions were a way of documenting the physical beauty of caring. Finally, Mr C’s tender feelings were very evident in the way he openly talked about his wife’s condition. After meeting him several times I dared to ask him a question: ‘how do you cope with this difficult time?’ He answered: ‘I am not pessimistic because this is God’s decision and it is my role to take care my wife.’ I was touched.

If this is a 'script' then its contents suggest that I entered my transaction with Mr and Mrs C in an *Adult Ego State*. For example 'I had great difficulty communicating with Mrs C and her husband told me she was suffering from Alzheimer's disease' indicates that I was maintaining a sense of distance from the condition of Alzheimers and this is reinforced by the *unconditional positive stroke* implied by statements such as: 'during my conversation with Mr C I started to feel that I wanted to take photographs of his way of caring for his wife' and 'Mr C's actions were a way of documenting the physical beauty of caring'. However, a shift towards greater respect appears with 'Mr C's tender feelings were very evident in the way he openly talked about his wife's condition' and 'I dared to ask him a question'. Here I move to a *Child Ego State* in relation to Mr C's authority. With the hindsight made possible by TA, I am able to link my respect for Mr C to the transaction between the married couple I recorded in the photograph I took during the session referred to in this extract from my notebook. The image I produced shows Mr C bowing his head toward his wife, for me a typically Japanese posture – a sign of respect, gratitude or apology made before an incomprehensible illness. My notebook 'script' and the photograph it accompanies describe, hopefully in a positive way, the respect we all feel in the face of serious health conditions.



Figure 21 & 22. (Left) 'Husband and Wife', photograph of patient and her husband, from *Images of Trust* project, 2003. (Right) Mr C looking at the hand-made photograph of him and his wife, 2005.

However, there was a further transaction with Mr C that extended the ‘script’ into the process of bereavement. I met Mr C again following the death of his wife and took the photograph reproduced at the top of this section. Our final transaction involved giving him the print as a gift and this marked the closure of the relationship between photographer and carer. I wanted the occasion to be a moment of ‘healing touch’. It was the first time Mr C had spoken to me about the qualities of my photographs, about the materials and techniques involved, especially about the nature of hand-printed photographs. As he listened to what was involved he held the print carefully. He responded to the image as if his wife were still alive. Both were precious to him. He pointed to the part of image where his hands and his wife’s hands met and we were able to talk about the distress he had experienced for the first time. In many ways, he reversed the stoicism (*Adult Ego State*) of his earlier ‘I am not pessimistic’ comment. At this point Mr C seemed to enter a *Child Ego State* and this was restorative, he had been recognised by the act of taking a photograph (an *unconditional positive stroke*).

When *Images of Trust* was exhibited at the Nikon Salon in Tokyo in 2005, the transactions continued into the final stages of the list of Photo Therapy events (Fig 18, p50).



Figure 23. A view of *Images of Trust* exhibition at the Nikon Salon in Tokyo, 2005.



Figure 24. Photograph of *Images of Trust*'s exhibition, opening at the Nikon Salon, Tokyo, 2005.

At this remote stage in the *Images of Trust* 'script', the transactions involved Japanese exhibition-goers viewing the image of Mr and Mrs C. Here, it was my turn to move into a *Child Ego State* as I was so uncertain about the reaction of this audience. The whole venture could have so easily been a negative experience but certainly the *Miki Jun Award* I was awarded was an *unconditional positive stroke*.

In the final section of this Chapter we will elaborate the relationship between the sitter and the more remote, more public stages of the Photo Therapy process. Mr C had gained a greater sense of wellbeing by looking at the earlier image of himself and his wife and feeling that his distress had been finally recognised by the act of taking this photograph. As a result, it is possible to speculate that the 'healing touch' extends outwards from the most private moments of taking photographs to the most public moments of viewing them. We turn to a third project, not discussed above, in order to examine what is involved.

3.5. Intervention 3: *Growing Old Gracefully (from the Living in England project)*



Figure 25. Mrs. H in her Kitchen, 2007. Silver gelatine print.

As before I will begin with an extract from my notebook.

Through my friend KH, I meet his mother Mrs H who lives on her own in Ashington. She turned 95 earlier this year (2007). In spite of her age, Mrs H prefers her independent way of life. She is not lonely because her way of living maintains her freedom. When her husband passed away two years ago, her two grown-up sons suggested she move to a smaller house but she wanted to continue to live in the home created by 60 years of marriage with her husband. 'This house is packed with lots of memories about my husband and my life with family and friends' she told me. Her sons respected her decision and now accept her way of living. They visit her but she tries not to trouble them unnecessarily.

On one of my visits she told me that 'baking was one of my daily tasks for many years'. She still enjoys making cakes but has fewer reasons for cooking them than before. In spring of 2006 I asked Mrs H and her son if I could photograph her in the kitchen of the house in Ashington. I liked this

room because it seemed to be full of memories of her family eating meals together over many years.

Through my camera viewfinder I looked at Mrs H and thought about the process of baking and being independent. I also saw the sunlight on her and the combination of light and pose suggested both grace and strength. I hoped the photograph would produce a strong image that would counter the idea that she struggling to cope with the absence of her husband. I wondered if I could produce an image that would provide an alternative way of looking at the lives of elder adults in a more general context.

What interests me here is the shifting relationship between the *Adult Ego State* and the *Child Ego State* that this 'script' brings out. Both Mrs H and I move backwards and forwards between these two states in our various transactions. Take, for example, statements such as: 'Mrs H prefers her independent way of life', or 'her two grown-up sons suggested she move to a smaller house', or 'she tries not to trouble them unnecessarily.' My interactions make the same shift: 'I asked Mrs H and her son if I could photograph her in the kitchen of the house' and 'I wondered if I could produce an image that would provide an alternative way of looking at the lives of elder adults in a more general context.'

This follows the dynamics described above in both the Botton Village and *Images of Trust* projects, however the difference here is that the final stages of the process (in which the photograph was entered for the *Observer Food for Thought* photographic competition 2006 and exhibited at the Oxo Gallery, London) were not a remote experience for Mrs H. Indeed, she was able to read about the success of her image through the newspaper and her son saw it at the point of reception by an exhibition-going audience.



Figure 26. Photograph of Mrs. H on display, Oxo Gallery, London, 2007.

Here Mrs H felt empowered by the prize that was awarded to the photographer. Her relatives were also drawn into the transaction making the two final stages of the process outlined above (concerning ‘photographer and disseminator’ and ‘photographer and viewers of photographs’) an exchange that was an *unconditional positive stroke* not just for the photographer operating in her professional world, but also for Mrs H and her family, as well as their friends, generating a sense of wellbeing within their domestic environment in Ashington, in Northumberland. It should be noted that there was a potential within the situation for *conditional or unconditional negative strokes* in that there might have been criticism. But such did not eventuate.

The application of TA methods in this Chapter has been rudimentary and highly personal. A more nuanced intervention into my work as an artist-photographer in relation to Photo Therapy and the arts and healthcare sector would require more research into the psychotherapeutic practices of TA counsellors and a broader description of the context in which TA has developed and evolved. This MPhil has created a sketch of the territory; it would take a PhD to provide the route map for further research. Given that I have researched this MPhil in order to promote Photo Therapy in Japan, the key point to take forward from this Chapter emerged in the last section: Mrs H was empowered (experienced an *unconditional positive stroke*) by the

public display of a photograph of her in her kitchen because, being an English person, she was not inhibited by the tensions of the *honne-tatema*e divide. The next Chapter explores how a TA-informed version of Photo Therapy might be utilized in a social environment still dominated by *tatema*e.

CHAPTER 4: Future developments in Japan

The previous interventions were retrospective applications of TA to my practice. This chapter looks at my future plans in Japan: that is, the promotion of Japanese Photo Therapy reconfigured in the light of my understanding of Transactional Analysis. My aim is to speculate on what Japanese photographers could utilize from my experience of Photo Therapy in the UK. I want to transfer and relocate this knowledge. In effect, this will mean applying British ideas to the activities of Japanese photographers. I am able to contemplate doing this because, in the past three years, I have been involved in the inauguration of the first Japanese Photo-Therapists Network (JPTN)⁷. By the end of this chapter, it is my hope that the reader will have a better understanding of the difficulties involved. The size of this task has been suggested above in my description of the differences between Japanese and UK healthcare and the contrasting responses to the legacy of Jo Spence in my discussion of Masumi Ishihara and Atsuko Nakanishi.

I will begin by revisiting the descriptions of Japanese culture, in particular, the *hone-tatema* divide which I introduced in relation to the impact of living in the Botton Village environment. I was amazed how inspiring it was to see people openly express their emotions. This made me question my own cultural upbringing and the way I had been taught to conceal my responses to others. I began to change my attitude to illness. In Japan, people do not like to show their distress or discomfort if they can help it. This means that one of the main premises of Photo Therapy, particularly in the form pioneered by Spence, is negated by socio-cultural convention. It is my contention that Photo Therapy has not properly taken root in Japan because the *hone-tatema* divide inhibits patient's interest in exploring the visualization of their condition. An open representation of illness is the last thing a Japanese patient wants (Seki et al, 2002:45-55). A therapeutic

⁷ More information available on the JPTN website: http://www.shashin-ryoho.jp/english_top.html

practice based on visual representation seems to be entirely inappropriate. It seems that, although photography is a very popular hobby in Japan, the medium, and its creative potential, have not been well recognized as having therapeutic value.

If one recalls the work of Ishihara and Nakanishi (two photographers who claim to be influenced by Spence) the model provided by the English photographer was translated into the more general, less challenging field of self-help. Ishihara and Nakanishi offer interesting forms of therapeutic image making but they are not promoting a sharable approach to the healing value of either cameras or photographs that targets the needs of the healthcare sector.

4.1.Transaction Analysis in Japan

If Photo Therapy has not flourished in Japan, TA certainly has. There are, for example, 391,000 articles on Japanese Google; there is also a long-established TA Association of Japan and a Journal of Japan Transactional Analysis Association. It is clear in Japan that TA is utilised by not only psychotherapists and counsellors, but also by carers of old people and school teachers. Therefore, the focus of my research for the future promotion of Photo Therapy in Japan could hinge on the link I have created between my practices and TA. This may be a way of giving the legacy of Spence wider recognition. As a result, in this final part of my thesis, I want to use the ideas established in Chapter 3 to describe my engagement with the JPTN.

The Network was established in 2007 by a group of photographers interested in using their skills to support and assist human wellbeing and quality of life. The group includes not only professional photographers and art teachers but also a neuroscientist and a palliative care nurse who are enthusiastic amateur photographers. JPTN is a non-profit-making organization approved by Tokyo Metropolitan Government which aims to research, demonstrate and

promote new ways in which photography can be used in healthcare and educational settings.

To meet these aims, JPTN runs seminars and training programmes to expand membership and to support existing members in the development of new ways of giving advice and providing support as Photo Therapists. The research dimension of the Network explores how people enjoy the creative aspects of photography and how this enjoyment affects the body and mind, particular in times of mental and physical suffering.

Members of the Network have run Photo Therapy workshops in environments such as a children's hospital, a palliative care ward in a general hospital, day-service centres for elderly and physically or mentally challenged, a school, and an adult education centre. In these workshops the practitioners provide participants with creative opportunities, in a safe and non-judgemental setting, to use cameras and produce photographs in an act of self-expression that helps develop ways of coping with emotional distress.

4.2. Yoshiko Sakai: a member of Japanese Photo-Therapists Network

For the purposes of describing the potential TA dimension of the Network's workshops, I am going to focus on the activities of Yoshiko Sakai, a member of JPTN introduced above, at various hospitals in Tokyo. Sakai provides digital cameras and printers for patient-participants and encourages them to collage the images they produce utilizing a method known as 'scrapbooking'⁸ which, she claims, helps promote self-expression and communication within the patient group.

⁸ Scrapbooking is a name for a method and process of creating albums or cards which preserve personal and family history (Sakai, 2009).

Sakai became interested in Photo Therapy when she suffered symptoms similar to lung cancer in 2002 and, during this period of emotional struggle, a friend recommended taking up a creative activity to help restore her sense of purpose in life. At first she tried to paint but soon turned to taking photographs because a high quality camera was available (her husband had one he didn't use) and the process was closely associated in her mind with happy times photographing natural landscapes whilst on holiday. The results of her first experiments immediately restored to her the uplifted feeling of being in the mountainous regions of Japan she loved so much.

In Tokyo I visited Sakai in order to study the photographic work undertaken by patients during her workshops. I was particularly interested in some portrait images taken on a palliative care ward produced with digital SLR cameras. Sakai had worked in the ward over a two-week period and, as she became friendly with the patients, they relaxed and began to participate in the process of constructing a photographic image of themselves. One patient even prepared special clothing to wear for the shoot. Given my previous reservations about the reticence of Japanese hospital patients in relation to the visualization of illness, this seemed to be a remarkable achievement.



Figure 27. Yoshiko Sakai (left) and the researcher (right) discussing the photographs produced in her workshops at the palliative care ward, in the Kanto Medical Center.

But what can TA say about Sakai's progress as a Photo Therapy practitioner? When she told me about the workshops, how the patients enjoyed the time spent setting up each shot, how they liked having the conversations about the process of taking portrait photographs, how much they appreciated the opportunity to share their reflections with Sakai when she returned with the finished prints, I was able to analyse these different stages of the therapeutic process using TA concepts. We discussed the different Ego States and Stroke Exchanges that might have been involved. In particular, I was able to help her define the stroke value of the photographer-the subject transactions she had initiated. However, the impact of the process on the various relationships with other stakeholders such as the relatives of the patients, and healthcare professionals were not yet figuring in her understanding of the Photo Therapy process.



Figure 28. Yoshiko Sakai talking about the pictures created in her workshop with patients at the palliative care ward, in the Kanto Medical Center.

While Sakai discussed these ideas with me, I noticed that she was carefully holding one of the photographs whilst she narrated the events that had taken place in the palliative care ward (Fig 28.). Responding to her gestures and tone of voice, I started to explain my TA theories about the healing transactions generated by printed photographs. To treat a photograph well was a way of treating a patient well, it reflected her respect for her sitter as an individual person (how different from the experience of commercial photography with which I began this thesis). I pointed out that showing the photographs to family members and healthcare workers would also produce

transactions that were part of the Photo Therapy process. As there was a stroke value attached to the transaction between photographer and the subject, so there was a stroke value attached to the later reflective stage of viewing the image with nurses and doctors.

Sakai expressed a great deal of interest in applying these ideas to future JPTN workshops in hospitals. She thought that other Network members would also see the potential of TA in their work. It is a way of understanding the complex web of support generated by therapy which, unlike medical treatment, spreads across the entire social and cultural context in which illness takes place. This section has considered the ways in which a Japanese practitioner responded to the concept of TA in the context of the Photo Therapy. As described in Chapter 3, my adaptation of TA encompasses a range of transactions that extend from the photographers relationship with her equipment (camera, photographic paper, etc) to the diverse interactions generated by photographic shoots and reflective sessions looking at images. With this latter type of transaction, it occurred to me that the JPTN promotional programme offers opportunities for TA ideas in relation to the skills and practices of placing photographs in the public domain.

4.3. ‘Challenged’: an exhibition organized by the Japanese Photo-Therapists Network; a conclusion?

In the summer of 2007, the JPTN held a photographic exhibition on the ground floor of the Asahi Newspaper’s building in Osaka (Fig 29). Asahi Newspaper is a well-known newspaper company and the Network hoped the connection with an important media organization would enhance the promotion process for Photo Therapy.

The exhibition provided an opportunity for the small number of Japanese photographers who are interested in Photo Therapy to demonstrate their

practices before an exhibition-going audience. The Network aimed to give these viewers a new perspective on the interaction of arts and healthcare. All the photographs displayed were taken in JPTN workshops. Work from students of the Junior High School in Osaka was included and this regional flavour was a good way of creating local interest.

Comments from the visitor book suggests that the audience were enthusiastic about the exhibition. The language used implies that acceptance of Photo Therapy is growing. For example:

Wonderful photographs. I was very touched because the photographs are packed with a sense of hope and the positive attitudes of the patients.

The photographs are powerful and beautiful. The photographs gave me a lot of positive power. Thank you very much.



Figure 29 & 30. (Left)The building of Asahi Newspaper (middle), (Right) A close up view of the exhibition in Osaka, Japan, 2007.



Figure 31. A view of the exhibition.

My engagement with the preparation of the exhibition was interesting in that it involved planning the first public event by the Network. All the members agreed that the impression created at this event needed to be celebratory. It was also an opportunity to build a sense of unity and consolidation within the JPTN. I decided to fly back to Japan to take a major role in the organization and curating of the exhibition. Whilst I was flying between Newcastle and Tokyo, one question came to my mind: was it possible to apply my British experience to the setting up of this exhibition? This led me to wonder what I could actually do to ensure that the display in Osaka benefited everybody involved. I decided to plan the process using my TA ideas. The stages of setting up the exhibition would involve the following transactions: 1) responding to the venue and deciding on the placing of images and information; 2) creating promotional material and developing a public profile for the exhibition, the exhibitors and the Network; 3) interacting with the public whilst they were attending the exhibition; 4) producing a publication to mark the occasion.

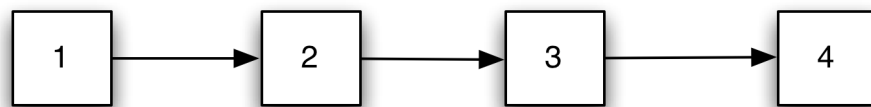


Figure 32. The stages of setting up the exhibition organized by JPTN.

1) responding to the venue and deciding on the placing of images and information

Most photographers need to think about how they use gallery spaces at some point in their career. The TA principles helped me rethink my approach to exhibiting. On the ground floor of the Asashi Newspaper building, the Network exhibition was to be installed in a large room, called *Asakomu Hall*, situated next to the reception desk. This was a very prominent location and I was pleased that our promotion of Photo Therapy was going to be so conspicuous for the many users of this building. The receptionist's telephone was continually ringing and her polite responses to callers were a significant part of the atmosphere of the exhibition space. Through a long wide window

at the end of the Hall another important component of the location could be seen: the continuous stream of people walking on the pavement and, beyond them, the traffic moving along the street. Therefore, the first transaction, carried out in response to the particular atmosphere of this environment, was the division of the Hall using the movable screens provided by the Asashi Newspaper company and the placing of the selected photographs. It struck me that this created a kind of 'script' for the exhibition-goers. Throughout this stage of the exhibition arrangements, as we divided up the room and began to display the framed images, I saw my interaction with my JPTN colleagues as a series of *Stroke Exchanges*. I moved from a *Critical Parent Ego State* (I wanted to project my UK ideas on the Network) to a *Child Ego State* (as I explored the creative potential of the exhibition space) to an *Adult Ego State* (I fell into a collaborative relationship with other Network members)



Figure 33. Researcher hanging a picture, 2007.

2) creating promotional material and developing a public profile for the exhibition and the Network

I discussed the issue of Network identity with Izumi Shinbori, another founder member of the JPTN (Fig 34.). She explained her workshop practices in hospitals and hospices. She underlined the importance of creative activity with the terminally ill. For her the potential identity of the Network is most obvious in these situations, in the therapeutic use of photography with those who are dying. Given the cultural power of *tatema*, Shinbori and I wonder

what kinds of transaction with the Japanese public the Network needs to stimulate in order to broach these most difficult aspects of Photo Therapy. During this conversation my *Adapted Child Ego state* (in response to the dominance of *tatemae*) shifted to an *Adult Ego State* (Shinbori and I decided it was important to challenge *tatemae*).



Figure 34. Izumi Shinbori (left), palliative care nurse and a member of JPTN discusses her therapeutic uses of photography in her nursing practice, 2007.

As the promotional stage of the exhibition progressed, my memories of meeting patients in Botton Village and during the *Images of Trust* project was a useful aid to decision making. I found myself engaged in Stroke Exchange discussions about the public impression created by the design of the exhibition. I have already analysed 'photographer and disseminator' and 'photographer and viewers of photographs' transactions in relation to Botton village and *Images of Trust* and now I applied this experience to the Osaka exhibition. The final display looked to me rather like the exhibitions I placed in hospital corridors in the UK. In particular, the lighting (mostly ceiling mounted fluorescent tubes and spotlights) was very reminiscent of the unsympathetic conditions in which I displayed my photographs during the *Images of Trust* project. There was very little that I could do about this problem but I was able to describe the situation to the other members of the Network in TA terminology. The corporate atmosphere of the *Asakomu Hall* forced the Network members into a *Child Ego State* but we decided that the presence of

our collaborative approach, manifest in the large amount of photography on display, countered the dominance of institutional décor.

3) interacting with the public whilst they were attending the exhibition

Fortunately, the Network was supported by a group of helpers from the local high school (a photography teacher and his five students) and an interesting relationship between the members and this team emerged. We decided to treat the corridor spaces of the *Asakomu Hall* as if they were pathways that provided exploratory journeys. In particular, we thought about the people who would come to see the exhibition in wheelchairs. I remembered seeing the porters pushing patients in wheelchairs along the corridors of Northumbria Healthcare Hospitals. I had also helped to push elderly villagers in their wheelchairs around Botton Village. In Osaka, dealing with an exhibition audience became a transaction in which the corridor design of Hall began to take on a stroke value that was associated with healthcare rather than art exhibitions. The helpers guided the exhibition visitors around the displays in the same sympathetic way that hospital staff help a patient negotiate a complicated network of hospital corridors. This approach was particularly successful with visitors who came to see photographs of friends or relations who attended JPTN workshops as patients. On these occasions, the transactions between the exhibition-goers and the helpers, which could have been experienced as negative transactions, seemed to generate *unconditional positive strokes*.



Figure 35. The exhibitors and the visitors at the reception.



Figure 36. A view of the exhibition.

4) producing a publication to mark the occasion.

In a sense, this thesis is a draft for a publication that provides background ideas about JPTN for exhibitions such as *Challenged*. My chapter structure, with its circular journey to the UK and back, describes the sort of creative development that accompanies the desire to work with Photo Therapy and share the healing benefits of the various transactions that occur within the process of taking and looking at photographs. I imagine that my thesis, in an edited form, would be of interest to those who had seen a JPTN exhibition, or had come into contact with members of the Network through a workshop or seminar. My hope is that the ideas I explore, particularly those that link TA to Photo Therapy, would enhance the public's understanding of the potential of photography within the Japanese healthcare environment.

However, what about a reading public that has not visited a Network exhibition or experienced a workshop? In terms of promoting the JPTN there are many more people to reach than those who happened to see the *Challenged* exhibition in Osaka. In particular, I have been conscious of the need to convince those who work in the healthcare sector, a social group that does not necessarily visit exhibitions. Here, a publication should try to bridge the gap between two incompatible domains: the world of healthcare providers (i.e. doctors, nurses, and hospital administrators) and the arts (the creative fields in which highly subjective and non-functional practices are given priority, the sort of approach which Spence utilized in the service of

health and wellbeing). The final question raised in this last section of the thesis concerns the TA stroke value of remote activities such as publishing: is it possible to treat a publication (a catalogue text, a journal article, a book chapter) as one more transactional stage in the photo-therapy process? Can I project the sense of healing touch I felt when photographing people in Botton village out into the public domain through a book?

The search for an answer to this question has been the motivating force for this MPhil research. The healing importance of engaging with a patient as an individual rather than a medical case, or treating a healthcare provider as person with feelings rather than a service provider, is not exactly a transferable transaction in relation to the interaction of a reader with an authored text. There is, however, something about a photograph (even when reproduced in a book) that generates a presence that is not evoked by words. I propose that a publication built around JPTN images would place before the reader an equivalent to the actual bodily interaction of photographer and sitter; that is, the core relationship in my TA version of Photo Therapy. I would support this idea by pointing to one of the most celebrated theoretical debates about photography in the second half of the twentieth century (developed in the context of academic research related to visual culture and semiotics but influential across a wide range of theoretical and practical fields) where the photographic image is capable of puncturing our interpretative responses with an approximation of 'actual' experience. This is Roland Barthes' famous description of his reaction to a photograph of his mother in *Camera Lucida*, a response that introduces the concept of the 'punctum' (Barthes, 1980). Here Barthes was able to move beyond the idea that photographs are representations that can be manipulated and made to mean many different things, to embrace the possibility that the photographic image has a unique potential for re-presenting the 'real' world, a direct experience that 'pierces the viewer'. It seems likely that these punctum-like experiences with photographs could be described as transactions involving Ego States. Perhaps looking at reproduced versions of Sakai's images would be, in TA terms, a parallel experience to actually being with the actual sitter. Perhaps this parallel is similar to the correspondence between the

transactions that occurred whilst I photographed Mr C and his wife and those that took place when Mr C looked at the photograph again after Mrs. C had died. In each case the type of Stroke Exchange, and the interplay of Ego States, are ways of understanding the psychological frame in which people try to maintain dignity, enjoy their life, and cultivate a sense of wellbeing. This is what Photo Therapy is beginning to achieve in Japan.

I want to conclude this thesis by considering the therapeutic value of the process described above. In particular I want to consider 1) how my thesis has demonstrated the therapeutic value of my research process for the individuals involved and 2) the issue of how I might evaluate the range of therapeutic effects that my particular engagement with Photo Therapy has generated during the period in which I have been undertaking my research.

Firstly, I will address the value of my activities as a photographer for the individuals who participated in my photographic project at Botton Village and my fellowship with Northumbria Healthcare, as well as the independent work I undertook during the final stages of my research. It is important to point out that the range of participants included those who were interested in the health and wellbeing of others (e.g. medical practitioners working for Northumbria Healthcare) as well as those who were personally placed in a situation where they felt in need of improved health (e.g. patients in the various clinical facilities I photographed for the Images of Trust project). In both cases the therapeutic goal of my work was not intended to make a direct impact on either the participants' health or wellbeing. Rather, the aim was to rebuild the areas of self-esteem that become inhibited or reduced by the physical experience of poor health or by the institutionalization associated with contemporary forms of treatment such as hospitalization. In the early stages of my research I wondered if the photographs I took would make people feel better, but as I progressed it became clear that it was the process of taking the photographs that was having the most effect on each participant. This development is described in this thesis and it represents the key to understanding the therapeutic value of my research process for those separate participants.

Because the individuals involved represent a wide range of involvement with therapy (in terms of particular medical conditions, professional or personal interests, institutional contexts and status, and level of engagement with myself as photographer and researcher) I can only generalize anecdotally about the valuing of the therapeutic impact that occurred through the web of individual transactions generated by my photographic sessions.

For example, in relation to the therapeutic value of providing an opportunity to express and release emotions, my photographic sitters often told me that taking part in my project was an invitation to express the feeling of poor health. Mr C's comment in conversation with me suggested that he was able to convey emotional aspects of caring his wife that had been not paid attention to before (page 57). If expressed at all, his concerns remained transitory conversations with friends or healthcare workers. In my photographic sessions Mr C's conversations were transformed through the creation of photographic images that could be used to reminisce and reflect on the nature of long-term illness from that point onwards. Mr C told me that he had found it difficult to describe the experiences he and his wife were going through.

Later, after Mrs C's death, it had become even more challenging for Mr C to openly discuss his feelings. However during our last photographic session this increasingly eloquent participant told me that difficult issues, such as the sense of shame attached to Alzheimer's Disease, had been comforted by reflecting on being photographed. Mr C was able to use my photograph as an *aide memoir*, which generated a more positive reappraisal of the shame he had felt. Being able to re-narrate and reflect in this way changed Mr C's self-perception. In this way, the experience of the different transactions of being photographed provided opportunities to express experiences that would be difficult to address without photographs, especially without photographs of himself and his wife.

Similarly, in the photographic sessions with the residents of Botton Village, the transactional experience is visually present in images such as 'Boyfriend and Girlfriend (page 51). My research suggests that deeply embedded feelings about beneficial physical contact have been preserved for later use in these images and that TA is a useful way to understand what is therapeutically valued by the participant represented in the session. These images belong to the sitters and therefore remain therapeutically valuable for them. Although I do not have specific data relating to the ongoing use of these photographs to support this claim, I cite the extensive literature on the palliative effect of reminiscing as a way of understanding the therapeutic value of my photographs for the photographed individuals. For example, the positive re-positioning of patients that arise during sessions in which expressive objects such as photographs are handled and discussed are described in 'Meaning Construction in Palliative Care: the use of narrative, ritual and the expressive arts' by Bronna Romanoff and Barbara Thompson (2006).

The examples above are cases of individuals responding to the therapeutic value of my activities. Another important group of participants not included above were the photographers of the JPTN, a collection of individual practitioners with a range of different commitments to the development of Photo Therapy in Japan. By the time I had completed the practical aspects of my research, the therapeutic effects that I was investigating were primarily focused on the development of JPTN and it is for this reason that I utilized the theoretical framework of TA: my idea was that this system was an effective way of communicating the therapeutic benefit of my photographic process to colleagues in Japan. In my discussion of Yoshiko Sakai above (pages 68, 69) I was able to report on a beneficiary of my project who was creatively interested in the health and wellbeing of others. In describing how my photographs encouraged her to explore the interactions that took place during her own photographic sessions with patients, she demonstrates the therapeutic value of my research from the perspective of an individual photographer who is interested in being a Photo Therapist.

The personal and interpersonal dimensions of my project returns us to my earlier discussion of Spence's work on identity. Here I described this pioneering photographer's proposition that personal wellbeing is closely connected to our acceptance of a sense of selfhood that is independent of our health status.

This inspiring idea leads us to the issue of evaluating the range of therapeutic effects that my research into Photo Therapy has generated. The effects of this form of therapy are, I believe, located in the interaction between creative practices such as photography and the self-esteem created by the process of taking photographs. I think of these interactions as interpersonal transactions in which the therapeutic principles of reminiscence and reflection come into play in a similar way to those described in Bernie Arigho's 'Getting a Handle on the Past: the use of objects in reminiscence work' (2008). Arigho lists the standards that constitute good therapeutic practices when handling physical objects. These are: person-centeredness, active listening, genuine interest, and trust and good rapport between a patient and a therapist (Arigho, 2008: 207). In my project, much of the therapeutic value is attached to the long-term effect of the participants handling the photographs I give them following the photographic sessions.

My thesis cannot address the range of therapeutic effects created by my research using the quantitative and qualitative methodologies favoured by sociologists who audit and measure the long-term effectiveness of therapies. This would only be appropriate if my research was not situated within the format of practice-led research. However, my research does concern large groups of participants (over 5000 photographic negatives of the contact sheets which people were documented and then submitted for examination with my practical work) and, following the example set by Spence, I claim that my practices have helped some of these participants experience an expansion of self-knowledge and personal identity, although I would not suggest that this was as revelatory or as political as Spence's own personal journey. The positive response I described in relation to sitters such as Mrs H is closer to the personal repositioning created by my therapeutic practices. In

my project an individual's emotional experiences concerning health and care were given attention and actively listened to rather than simply 'treated'. Here I feel I met the standards required by Arigho using the example pioneered by Spence.

In relation to the two points I am addressing in this conclusion I have provided anecdotal evidence of the therapeutic value of my research for the individuals involved and the evaluation of the range of therapeutic effects that my particular engagement with Photo Therapy has generated. Such evidence is, I suggest, enough to provide a platform for further research into the role of Photo Therapy in the healthcare environment, especially in the context of the JPTN. Furthermore, I propose that this anecdotal information has validity within the framework of an MPhil project in which my practice functions as a research tool. Michael Wilson's report on practice-led research describes the practice-led approach as the 'process of production, often an exploratory, interrogative process, rather than the resultant observable output' (Wilson, 2008: 5). Throughout this thesis I have concentrated on the ideas I could actually research using my practice and my conclusions reflect both the strengths and the limitations of the process I employ as an artist-photographer.

In this way the concluding stages of my research concerned a general concept of 'therapeutic touch' based on my experiences with individual subjects (such as Mr. C) described in the earlier part of the thesis. Here my approach was to establish general ideas from particular experiences. This conforms to the traditions of logical thinking used in Western culture since Aristotle in which specific examples are used to construct general truths⁹. My adoption of this approach was entirely fortuitous. It was the product of my practice, which has always been, before I engaged in any reflective or theoretical consideration, about meeting people and photographing them. As a practice-led researcher my methods of investigating therapeutic impact have been based on these personal and subjective interactions.

⁹ See the discussion on biology in the entry of Aristotle in Audi, R, (1995), *The Cambridge Dictionary of Philosophy*, Cambridge: Cambridge University Press.

My subsequent interest in TA was based on my speculation that this psychoanalytical theory provides a structure for understanding my immediate and specific encounters with sitters in the UK health service so that I could establish more the general ideas about photo therapy I am now applying in Japan. The use of TA also suggested that the interpersonal process of taking photographs promotes a sense of wellbeing that, in my photographic sessions, links the power of therapeutic touch (the basis of TA) to the power of engaging with photography as a therapeutic experience (the ambition of my research). My MPhil explores these benefits in relation to the sitters who participated in my photographic sessions who have often been people caught in the institutionalized care 'conveyor belt' that dominates healthcare in both the UK and Japan. It is on this basis that I have tried to build a platform of knowledge for the growing number of photographers exploring Photo Therapy in my home country.

Appendices

Appendix 1: Diagrams of Transactions

**Appendix 2: Selected photographs from the projects
undertaken by the author during this research**

- **On Retirement**
- **Reiki Healer**
- **Portraits of Healers**
- **Focus**

Appendix 3. An example of consent form

**Appendix 4. Specimen bibliography on the topic of Photo
Therapy**

Appendix 1:


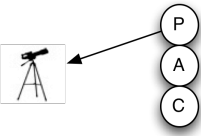

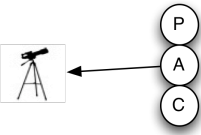

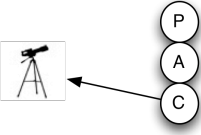
Diagram of Transactions: between photographer, camera and subject






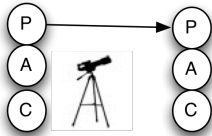
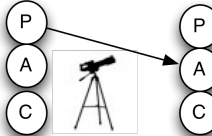
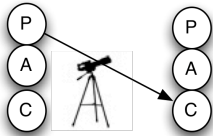

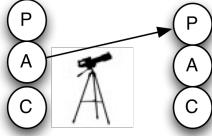
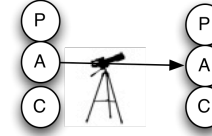
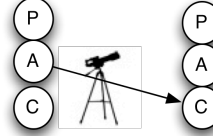

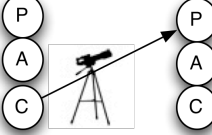
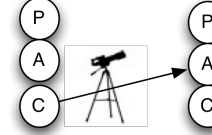
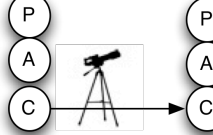
Photographer's relationship with camera:

	Photographer's Ego States	Characteristics of thought and feelings that photographer may come across in her/his mind
		<ul style="list-style-type: none"> • Why I can't do this! • Worry about techniques • Worry about the end of results • Treating own Idea as a most important thing • Controlling the camera • Controlling the situations
		<ul style="list-style-type: none"> • I' OK • Engaging in the moment • Responding to here and now • Appreciating what you see at the front of camera • Flexible to the situation • Taking care of camera and the resulting images
		<ul style="list-style-type: none"> • This is fun, just enjoying taking photographs! • Don't care about the technical aspects of camera or the resulting images <p>Or</p> <ul style="list-style-type: none"> • Following what others' are doing • Following what other(s) told you to do.





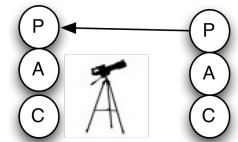
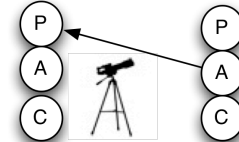
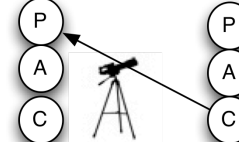
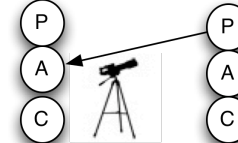
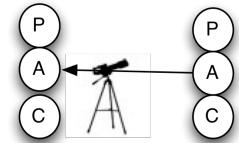
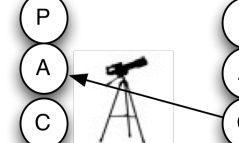
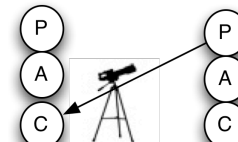
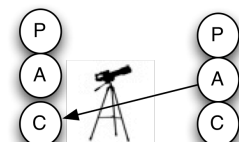
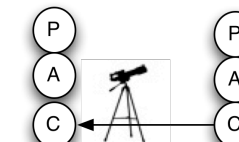
Subject and camera: Subject's relationship with camera:

	Subject's Ego State	Characteristics of thought and feelings that subject may have at the front of camera
		<ul style="list-style-type: none"> • I hate to be photographed! • I don't mind to be photographed • I don't like to be photographed, but I'll try for you
		<ul style="list-style-type: none"> • I am OK • It would be fine
		<ul style="list-style-type: none"> • It is fun to be at the front of the camera • I'll do what you said • I'm so nervous in front of the camera

Photographer's approaches to subject:






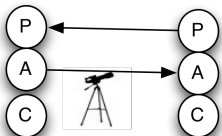
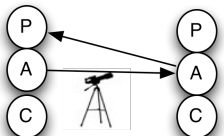
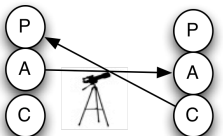

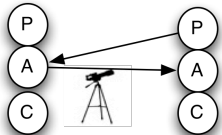
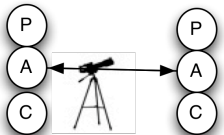


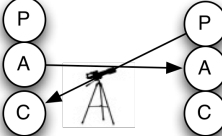
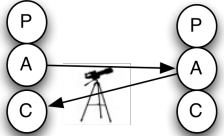
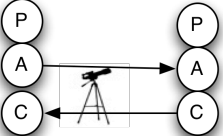
 	But seeing subject as a Parent	But seeing subject as a Adult	But seeing subject as a Child
 If photographer was in Parent Ego State			
 If photographer was in Adult Ego State			
 If photographer was in Child Ego State			

Possible responds or reactions from Subject:

	<p>If subject was in Parent Ego State</p> 	<p>If subject was in Adult Ego State</p> 	<p>If subject was in Child Ego State</p> 
<p>But seeing Photographer As a Parent</p>			
<p>But seeing Photographer As a Adult</p>			
<p>But seeing Photographer As a Child</p>			






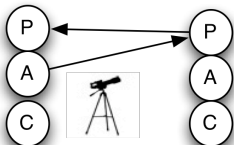
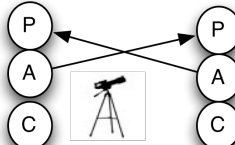
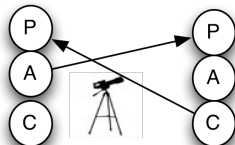


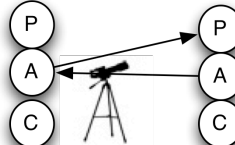
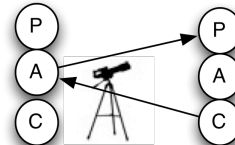

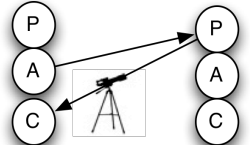
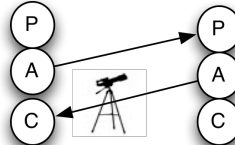
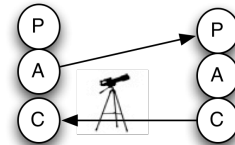
Types of transactions between photographer and subject:

If photographer was in Adult State and seeing Subject as a Adult

	But if Subject was in Parent State	But if Subject was in Adult State	But if Subject was in Child State
			
 <p>Photographer was in Adult Ego State</p>			
 <p>Photographer was in Adult Ego State</p>			
 <p>Photographer was in Adult Ego State</p>			






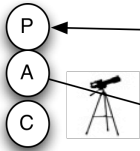
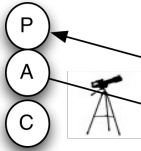
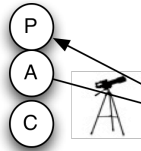

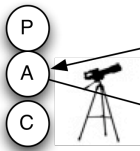
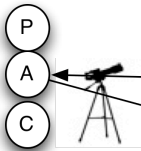
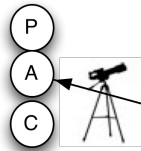

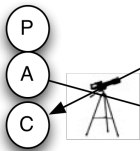
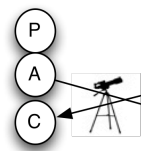
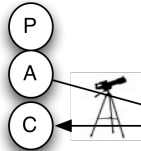
Types of Transactions between photographer and subject:

If photographer was in Adult Ego State and seeing subject as a Parent

	But if Subject was in Parent Ego State 	But if Subject was in Adult Ego State 	But if Subject was in Child Ego State 
 Photographer was in Adult Ego State			
 Photographer was in Adult Ego State			
 Photographer was in Adult Ego State			






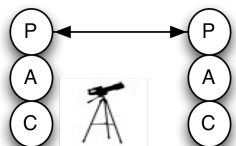
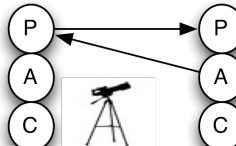
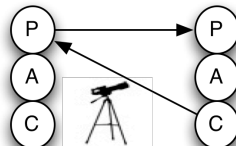

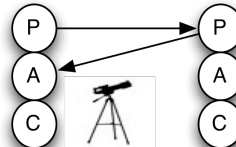
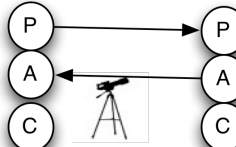
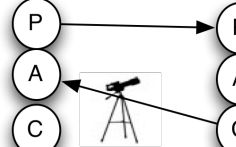

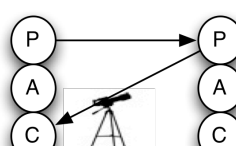
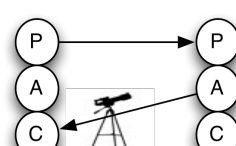
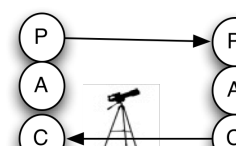
Types of Transactions between photographer and subject:

If photographer was in Adult Ego State and seeing subject as a Child

	But if Subject was in Parent Ego State	But if Subject was in Adult Ego State	But if Subject was in Child Ego State
			
 <p>Photographer was in Adult Ego State</p>			
 <p>Photographer was in Adult Ego State</p>			
 <p>Photographer was in Adult Ego State</p>			






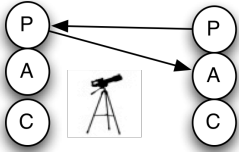
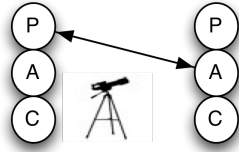
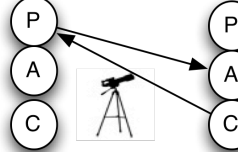

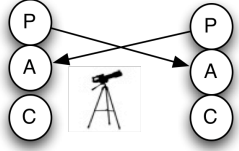
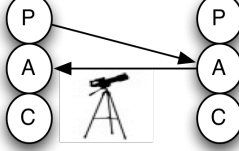
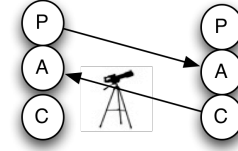

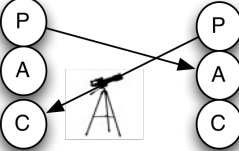
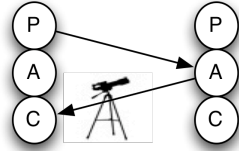
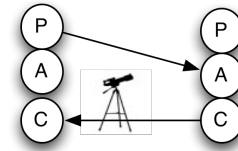
Types of Transactions between photographer and subject:

If photographer was in Parent Ego State and seeing subject as a Parent

	But if Subject was in Parent Ego State	But if Subject was in Adult Ego State	But if Subject was in Child Ego State
			
 <p>Photographer was in Parent Ego State</p>			
 <p>Photographer was in Parent Ego State</p>			
 <p>Photographer was in Parent Ego State</p>			






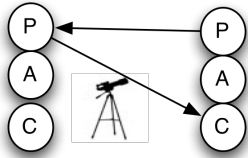
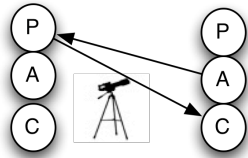
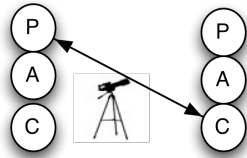

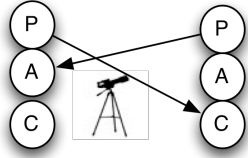
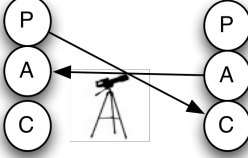
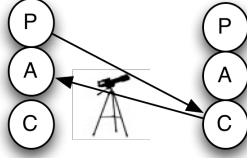

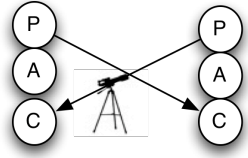
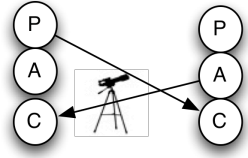
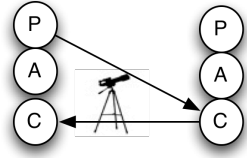
Types of Transactions between photographer and subject:

If photographer was in Parent Ego State and seeing subject as a Adult

	But if Subject was in Parent Ego State 	But if Subject was in Adult Ego State 	But if Subject was in Child Ego State 
 Photographer was in Parent Ego State			
 Photographer was in Parent Ego State			
 Photographer was in Parent Ego State			






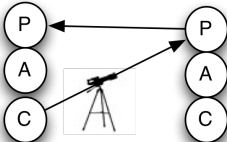
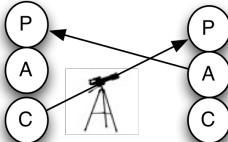
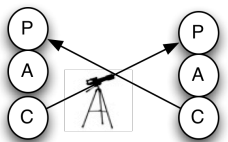

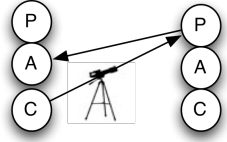
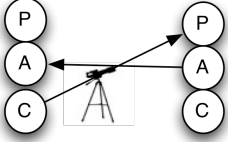
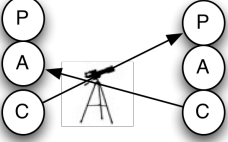

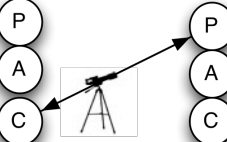
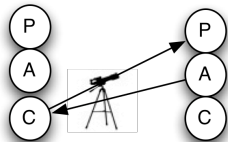
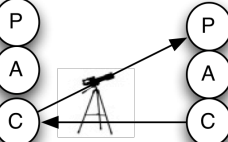
Types of Transactions between photographer and subject:

If photographer was in Parent Ego State and seeing subject as a Child

	But if Subject was in Parent Ego State	But if Subject was in Adult Ego State	But if Subject was in Child Ego State
			
 <p>Photographer was in Parent Ego State</p>			
 <p>Photographer was in Parent Ego State</p>			
 <p>Photographer was in Parent Ego State</p>			






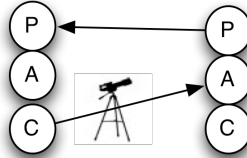
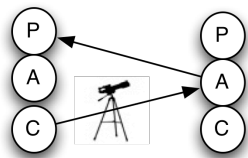
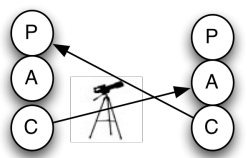

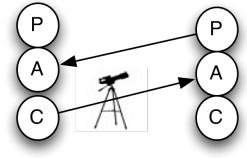
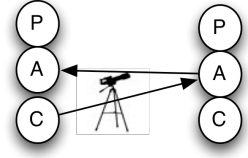
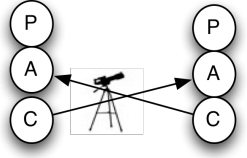

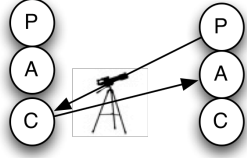
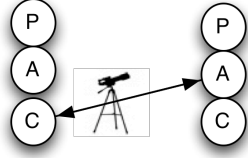
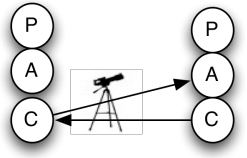
Types of Transactions between photographer and subject:

If photographer was in Child Ego State and seeing subject as a Parent

	But if Subject was in Parent Ego State	But if Subject was in Adult Ego State	But if Subject was in Child Ego State
			
 <p>Photographer was in Child Ego State</p>			
 <p>Photographer was in Child Ego State</p>			
 <p>Photographer was in Child Ego State</p>			








Types of Transactions between photographer and subject:

If photographer was in Child Ego State and seeing subject as an Adult

	But if Subject was in Parent Ego State	But if Subject was in Adult Ego State	But if Subject was in Child Ego State
			
 Photographer was in Child Ego State			
 Photographer was in Child Ego State			
 Photographer was in Child Ego State			

Types of Transactions between photographer and subject:

If photographer was in Child Ego State and seeing subject as a Child

	But if Subject was in Parent Ego State 	But if Subject was in Adult Ego State 	But if Subject was in Child Ego State 
 Photographer was in Child Ego State			
 Photographer was in Child Ego State			
 Photographer was in Child Ego State			

Appendix 2:

Selected photographs from the projects undertaken by the author during this research

**Project Title: On Retirement:
Growing old Gracefully**

This project explores and documents the lives of people in Northumberland who have retired from work but who are still leading active lives and who are fully engaged in their respective communities.

This project was published in 2008 in the Japanese healthcare magazine entitled 'Care Management'.

Mr Smith
Ashington



Mr and Mrs Shaw
Craster



Mr Archbowl and Mrs Hoggs
Craster



Project Title: Reiki Healer

This project explored the practice of *Reiki*, a form of energy therapy. (In Japanese, *Rei* means 'Life force', *Ki* means 'energy')

These photographs were taken while the author was researching the subject of *Reiki* in Scotland.



Reiki Healer
Glasgow



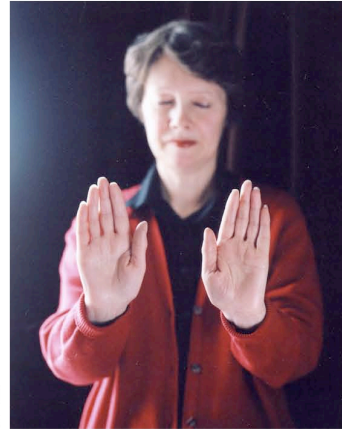
Reiki Healer and client
Glasgow

Project Title: Portraits of Healers

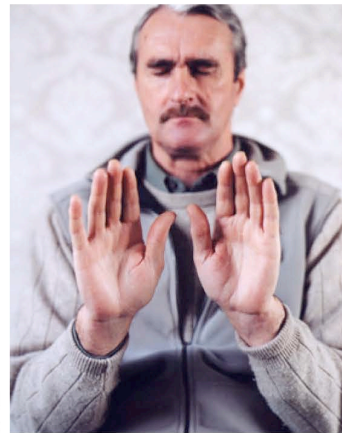
In Japan people believe that the hands tell you about your life and possess healing powers.

This project explores this popular world-wide belief in the power of 'Healing Hands' and presents some practitioners of this technique.

These photographs were taken while the author of this study was researching and interviewing practitioners of this art.



Mrs Cresswell
Ashington



Mr Grenfell
Ashington



Trainee Beauty Therapist
Tynemouth

Project Title: Focus

This project was inspired by Japanese artist-photographer, psychologist and hypnotherapist Masumi Ishihara.

Ishihara's book *Photo Therapy: How to change your self in nine days* was published in Japan, 2004.

These photographs are the result of reading her book.

Flower



Goldfish



Flowers



Fern



Tadpole



Appendix 3:

An example of consent form:

Consent form for an adult to take part in project

Name of project :

Name of photographer (In capitals)..... IKUKO TSUCHIYA

Name of project manager (In capitals).....

Name of participant (In capitals).....	
I consent to take part in this project.	Yes / No
I have had the project explained to me by	Ikuko Tsuchiya
I have been told that I can withdraw my consent at any stage without giving reason.	
Yes / No	
I have been told that the copy of this consent form will be sent to me.	
Yes / No	
Signed:	Date
Address:.....	
.....	
Postcode	

It is not our policy to show your information to any third party.

I can confirm that I have explained to the participant the nature of this project, and have given adequate time to answer any questions concerning it.

Signed Date.....

Name..... IKUKO TSUCHIYA

Post..... Photographer

This form was used by the researcher, for the photographic projects in this study.

Appendix 4:

Specimen bibliography on the topic of Photo Therapy

Specimen bibliography on the topic of Photo Therapy obtained from the website of The PhotoTherapy Centre, Vancouver, Canada.
http://www.phototherapy-centre.com/student_proj.htm

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2007 -- *A study in self-discovery through found family photographs*. W. Grant: B.A. Dissertation, Fine Arts, University of Northampton, England.

2007 -- *An exploration of Phototherapy and the current situation in England*. A. Mackenzie: Dissertation, BA(Hons) Photographic Arts, The University of Westminster, London, England.

2007 -- *L'importanza dell'immagine fotografica nella poetica di Jo Spence [The importance of photographic images in Jo Spence's life]*. S. Latella: Thesis, Psicologia dell'Arte, Lettere e Filosofia, Alman Mater Studiorum - Universita' di Bologna, Italy.

2007 -- *Gender lessons: A look at gender's various lessons and aspects through photo-therapy*. R. Jones: Student Paper, University of North Carolina, Chapel Hil, NC.

2006 -- *Transformative Video Therapy (TVT): Using technology to create pathways to a "witness consciousness"*. J. Vinsky: Foundations Paper, Toronto, ON Canada.

2006 -- *Therapeutic filmmaking: An exploratory pilot study*. J.L. Johnson: Masters Thesis, Faculty of Education, University of Calgary, Calgary, AB Canada.

2006 -- *An investigation of musically enhanced digital media in guided imagery and phototherapy*. L. Wagle: Student Paper, Indiana University School of Music at Indiana University, Purdue University, Indianapolis, IN.

2005 -- *Do you see me?: A literature review of the various ways photographs have been used as a therapeutic tool in counselling*. M. Weigel: Masters Paper, Department of Counseling Psychology, University of Victoria, Victoria, BC, Canada.

2005 -- *Expanding the frame: Self-portrait photography as applied to Drama*

Therapy practice. L. Chipman: Masters Thesis, Creative Arts Therapies, Concordia University, Montreal, QC, Canada.

2005 -- *"Henkäys ja Sitkeys, Alttius ja Voitto": Asiakkaiden itseilmaisun tarkastelua kollaasitekniikan kautta toimintaterapiaryhmässä ["Breath and Persistence", "Vulnerability and Victory": Study of self-expressions of Anorexia Nervosa clients using Photo-Collage techniques in an Occupational Therapy group]*. E. Lamberg: Bachelor's Thesis, Occupational Therapy, Helsinki Polytechnic Stadia, Helsinki, Finland.

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2004 -- *Investigation into the use of photographic images in reminiscence work*. J.K. Sowman: Dissertation, Photography BA Hons, University of Central Lancashire, Preston, England.

2004 -- *A study on PhotoTherapy*. S.H. Park: Masters Thesis, Photography, Graduate School of Design, EWHA Women's University, Seoul, Korea.

2004 -- *Snapshots of a pragmatic romantic: Clinical applications of Photo Art Therapy in the exploration of resilience during anticipatory grief, loss, and bereavement*. D. Marshall: Paper for "Online Phototherapy & Counseling Techniques Course", American Art Therapy Association, Mundelein, IL.

2004 -- *A snapshot of loss: A parallel look at photography and traumatic loss in latency-aged children*. S. Waldman: Masters Thesis, Creative Arts Therapies Program, Concordia University, Montreal, QC, Canada.

2004 -- *The impact of methods of art and photo therapy on self-actualization and sense of coherence in group work with women of age group of 32-48*. S. Silina: Masters Thesis, Psychology, Teachers Training and Management Academy, Riga, Latvia.

2004 -- *Encountering ourselves through photography: A visual, ethnomethodological inquiry into identity*. S.M. Embree: Doctoral Dissertation, Psychology, Duquesne University, Pittsburgh, PA.

2004 -- *Psychology and Photography: Arno Rafael Minkkinen's self-portraits*. F. Belgiojoso: Doctoral Dissertation (Ph.D.Thesis) in Art Psychology, Faculty

of Psychology, Università Cattolica Del Sacro Cuore, Milan, Italy.

2004 -- *Botanical bodies: A female perspective of body image through botanical imagery*. L.R. White-Simmons: Masters Thesis, Health Arts and Sciences, Goddard College, Plainfield, VT.

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2003 -- *Photography in therapy*. I. Durovic: Final Thesis, Diploma of "Art Therapy / Art Pedagogy", Fachhochschule Ottersberg, Bremen, Germany.

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2003 -- *Therapeutic Photocollage: Integrating therapy techniques*. D. Woods: Art Therapy Special Topics Paper, University of Western Ontario, London, ON, Canada.

2003 -- *Les différents rôles de l'image photographique dans la narration de notre vie: Du docile au réfractaire ["The different roles of the photographic image in the narration of our lives: From submission to rebellion"]*. B. Anor: Doctoral dissertation, Expressive Arts Therapy, Education and Consulting, European Graduate School (E.G.S.), Switzerland.

2003 -- *Short-term Art Therapy with pediatric patients hospitalized for treatment of Sickle Cell disease*. G. Bordonaro: Doctoral Dissertation, Art Therapy (Art Education), Florida State University, Tallahassee, FL.

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2002 -- *Applications of Photo Therapy to Social Work practice*. E. Watson: Integrative Masters Paper, Social Work, University of Toronto, Toronto, ON, Canada.

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2002 -- *Visual therapy: Exploring the relationship between Therapeutic Photography and women's self-portraits (Self-portraits as a therapeutic art)*. D. Burrows: Thesis, Birmingham Institute of Art & Design, Birmingham,

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2001 -- *Phototherapy in England*. N. Maskrey: Bachelors Thesis, Fine & Media Arts, School of Cultural Studies, Sheffield Hallam University, Sheffield, England.

2001 -- *PhotoTherapy: A therapeutic tool*. S. Ingersoll, Course Paper, Music Therapy, Capilano College, North Vancouver, BC, Canada.

2000 -- *The use of photos in a therapeutic context*. M. Strauss: Course Paper, Expressive Therapies and Mental Health Counseling, Lesley College, Boston, MA.

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therapeutic value and effects of video on group dynamics. E. Dinerman: Masters Thesis, (Dept?), Lesley College, Boston, MA.

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